98th CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
98-1176

1984 PROGRESS REPORT OF THE SELECT COMMITTEE ON HUNGER

DECEMBER 26, 1984.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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DECEMBER 26, 1984.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. LELAND, from the Select Committee on Hunger, submitted the following

REPORT

SECTION 1: SUMMARY OF COMMITTEE'S WORK

I. Overview of the Select Committee's Mandate and Investigations

A. The Committee's Mandate

On February 22, 1984 the House of Representatives, by a vote of 309-78, created the Select Committee on Hunger. The resolution authorizing the Committee, H. Res. 15, was cosponsored by 258 Members and was supported by a diverse coalition of over 60 national organizations.

The Select Committee's mandate is to conduct a continuing comprehensive study and review of the problems of domestic and international hunger and malnutrition. The Committee became operational in April, and has held hearings, set up briefings, initiated reports and analyzed past studies on the hunger issue. Members of the Committee also visited Ethiopia to assess famine relief efforts. Members inspected port facilities and famine relief centers and met with Ethiopian government leaders.

The Committee's hearing and briefing schedule was as follows:

1984 HEARING SCHEDULE

(Washington, D.C. and Regional)

June 25, Greenwood, MS—Regional Hearing: Accessibility and Effectiveness of Anti-Hunger Programs.

June 26, Washington, D.C.—Alleviating Hunger: Progress and Prospects.

July 21, Davis, CA—Regional Hearing: Role of Educational Institutions in Alleviating World Hunger.

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July 23, San Francisco, CA—Regional Hearing: Accessibility and Effectiveness of Anti-Hunger Programs.

September 13,[1] Washington, D.C.—World Food Situation: Emergency Food Assistance to Africa.

September 20, Washington, D.C.—Effective Use of Agricultural Abundance for Hunger Relief.

1984 BRIEFING SCHEDULE

(Washington, D.C.)

June 12, Members/Staff—U.S. Licensing Procedures for Humanitarian Assistance.

June 14, Members—Reducing Hunger-Related Deaths By Expanding Low-Cost Health Care.

June 26, Members—UNICEF's GOBI Program.

August 21, Staff—Coordinating the International Information Data Base for Assessing World Food Needs.

November 2, Staff—Water and Sanitation Aspects of International Development.

Detailed descriptions of these activities are found in Section 2 of this report.

B. Summary of Committee's work

Underlying the Committee's work during its relatively short time of operation was an acknowledgement that a great deal of study and analysis had preceded its establishment, and that efforts should be made to analyze this work and not replicate it. In addition, the Committee's work has been greatly enhanced by its cooperative efforts with several standing committees. Because of the complexity and multiplicity of the issues comprising the hunger problem, the Committee focused its investigation on several major areas.

In the international area, much attention was given to the importance of primary health care in anti-hunger programs so as to attack the vicious cycle of malnutrition and infection. A second major area of concern has been the provision of U.S. emergency assistance overseas. Given the severe drought and growing famine conditions in African countries, this continent has been the focus of the Committee's international interest. The Committee has also explored the role of U.S. educational institutions in alleviating world hunger and addressed the issue of world hunger education in the U.S.

The Committee's investigation on domestic issues has revolved around the effectiveness and accessibility of anti-hunger programs in different settings. The Committee explored these issues from both rural and urban perspectives. In addition, emphasis has been placed on utilization of our nation's surplus commodities as a means of alleviating hunger and malnutrition at home and abroad.

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[1] Joint Hearing with Committee on Foreign Affairs.

C. Need for further work on hunger issues

There is a strong bipartisan consensus on the Select Committee on Hunger in favor of the reauthorization of the Committee for the 99th Congress. The Members believe that they can offer a valuable perspective on the hunger debate in both the international and domestic areas. It should be noted that key issues involving programs which are intended to alleviate hunger and malnutrition will be considered during the 99th Congress. As the only Committee in Congress mandated to focus solely on the diverse and complex issues relating to hunger, the need for the Committee is clear.

A firm base for future investigation of hunger and malnutrition problems, both in the U.S. and overseas, has been set in the short amount of time the Committee has been in existence. Firsthand information has been gathered during hearings and site visits in the U.S., in Mississippi and California, and overseas in Ethiopia. The Committee also gained broad insights into these issues through hearings in Washington, DC and the detailed examination of previous studies. However, much more remains to be done. The hunger problem is multidimensional and defies easy solutions.

In the U.S., much progress has been made in the last decade because of national nutrition programs. However, there remains a problem of hunger in our country. The Select Committee has the ability to focus solely on this complex problem and provide insights which can assist in solving it.

Overseas, the U.S. has helped to alleviage hunger and malnutrition. However, in this increasingly interdependent world, hundreds of millions of individuals are still affected by chronic malnutrition, and widespread famine is now occurring in Africa and other parts of the globe. By focusing on the economic, political, social, and technical aspects of the world hunger problem, the Committee hopes to be able to provide sound solutions which will help relieve this tragic situation.

With work now well launched, the Committee recommends it pursue issues such as the following during the 99th Congress:

U.S. and international mechanisms for responding to food emergencies abroad such as the African drought, including transportation, storage and other logistics

U.S. role in providing solutions to underlying problems creating hunger by focusing on longer-term development assistance and the Food for Peace program

prevention of further loss of croplands to erosion and desertification overseas

hunger as a destabilizing force in the international community

utilization of U.S. agricultural surpluses to alleviate hunger in the U.S. and overseas

the interrelationship of the federal programs which combat hunger in the U.S.

the role of the private sector (both profit and non-profit) in combating hunger

hunger education in the U.S. to heighten public consciousness

SECTION 2: COMMITTEE HISTORY AND ACTIVITIES

I. Committee authority, funding, and organization

A. Legislative history

A Resolution to create the Select Committee on Hunger, H. Res. 15, was introduced on January 3, 1983 by Representative Mickey Leland and Benjamin Gilman. The resolution was referred to the Rules Committee, which held a hearing on H. Res. 15 on November 1, 1983. A substitute resolution was reported by the Rules Committee on November 15, 1983.

The resolution passed the House by a vote of 309–78 on February 22, 1984. At this time, there were 258 cosponsors on H. Res. 15 and the resolution was endorsed by a diverse coalition of 65 national religious, anti-poverty, minority, women, farm, labor, nutrition and senior citizens organizations. The members of the Coalition for a Select Committee on Hunger were:

American Association of Retired Persons, American Catholic Conference, American Nurses Association, Advisory Committee on Overseas Cooperative Development, B'nai B'rith, Bread for the World, CARE, Center for Concern, Center for Science in the Public Interest, Children's Defense Fund, Church Women United, Churches Center for Theology and Public Policy, Church World Service, Clergy and Laity Concerned, Community Nutrition Institute, Cooperative League of the United States of America, Farmland World Trade, Food Research and Action Center, Friends Committee on National Legislation, Gray Panthers, Infant Formula Action Coalition, Institute of Religion and Democracy, International Association of Machinists and Aerospace Workers, Interreligious Task Force on United States Food Policy, League of United Latin American Citizens, Legal Council for the Elderly, League for International Food Education, Meals for Millions/Freedom from Hunger Foundation, Mexican-American Legal Defense and Education Fund, National Assembly of Religious Women, National Council for International Health, National Council of Catholic Women, National Council of Jewish Women, National Council of Negro Women, National Council on Aging, National Farmers' Union, National Organization for Women, National Women's Political Caucus, Network, Older Women's League, OXFAM, Peace Corps Institute, Physicians for a Livable World, Private Agencies in International Development, Results, Salvation Army, Save the Children, Sojourners, the Hunger Project, United Nations Association of the United States of America, United Auto Workers, AFL–CIO, United Brotherhood of Carpenters and Joiners of America, AFL–CIO, United Food and Commercial Workers International Union, AFL–CIO, United Mine Workers of America, AFL–CIO, United Steel Workers of America, AFL–CIO, United States Catholic Conference, United States Conference of Mayors, United States Committee for UNICEF, Women's Equity Action League, Women's Legal Defense Fund, World Hunger Education Service, World Hunger Year, and World Vision International.

The text of House Resolution 15 providing for the establishment of the Select Committee is reproduced below.

H. RES. 15

To establish the Select Committee on Hunger

IN THE HOUSE OF REPRESENTATIVES

January 3, 1983

RESOLUTION

To establish the Select Committee on Hunger

That there is hereby established in the House of Representatives a select committee to be known as the Select Committee on Hunger (hereinafter referred to as the "select committee").

FUNCTIONS

SEC. 2. (A) The select committee shall not have legislative jurisdiction. The select committee shall have authority—

(1) to conduct a continuing comprehensive study and review of the problems of hunger and malnutrition, including but not limited to, those issues addressed in the reports of the Presidential Commission on World Hunger and the Independent Commission on International Development Issues, which issues include—

(A) the United States development and economic assistance program and the executive branch structure responsible for administering the program;

(B) world food security;

(C) trade relations between the United States and less developed countries;

(D) food production and distribution;

(E) corporate and agribusiness efforts to further international development;

(F) policies of multilateral development banks and international development institutions; and

(G) food assistance programs in the United States;

(2) to review any recommendations made by the President, or by any department or agency of the executive branch of the Federal Government, relating to programs or policies affecting hunger or malnutrition; and

(3) to recommend to the appropriate committees of the House legislation or other action the select committee considers necessary with respect to programs or policies affecting hunger or malnutrition.

(b) Nothing contained in this resolution shall be construed to limit or alter the legislative and oversight jurisdiction of any standing committee of the House under rule X of the Rules of the House of Representatives.

APPOINTMENT AND MEMBERSHIP

SEC. 3. (a) The select committee shall be composed of seventeen Members of the House, who shall be appointed by the Speaker, one of whom he shall designate as chairman.

(b) Any vacancy occurring in the membership of the select committee shall be filled in the same manner in which the original appointment was made.

(c) For purposes of this section, the term "Members" shall include any Representative in, or Delegate or Resident Commissioner to, the House of Representatives.

AUTHORITY AND PROCEDURES

SEC. 4. (a) For purposes of carrying out this resolution, the select committee is authorized to sit and act during the present Congress at such times and places within the United States, including any Commonwealth or possession thereof, or elsewhere, whether the House is in session, has recessed, or had adjourned, and to hold such hearing as it deems necessary.

(b) The provisions of clauses 1, 2, and 3 of the rule XI of the Rules of the House of Representatives shall apply to the select committee except the provisions of clause 2(m)(1)(B) of rule XI relating to subpoena power.

(c) Nothing contained in subsection (a) of this section shall be constructed to limit the applicability of clause 2(i) of rule XI of the Rules of the House of Representative to the select committee.

ADMINISTRATIVE PROVISIONS

SEC. 5. (A) Subject to the adoption of expenses resolutions as required by clause 5 of rule XI of the Rules of the House of Representatives, the select committee may incur expenses in connection with its duties under this resolution.

(b) In carrying out its functions under this resolution, the select committee is authorized—

(1) to appoint, either on a permanent basis or as experts or consultants, such staff as the select committee considers necessary;

(2) to utilize the services of the staffs of those committees of the House from which Members have been selected for membership on the select committee;

(3) to prescribe the duties and responsibilities of such staff;

(4) to fix the compensation of such staff at a single per annum gross rate which does not exceed the highest rate of basic pay, as in effect from time to time, of level V of the Executive Schedule in section 5316 of title 5, United States Code;

(5) to terminate the employment of any such staff as the select committee considers appropriate; and

(6) to reimburse members of the select committee and of its staff for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties and responsibilites for the select committee, other than expenses in connection with any meeting of the select committee held in the District of Columbia.

REPORTS AND RECORDS

SEC. 6. (a) The select committee shall report to the House as soon as practicable during the present Congress, the results of its investigation and study, together with such recommendations as it deems advisable.

(b) Any such report which is made when the House is not in session shall be filed with the Clerk of the House.

(c) Any such report shall be referred to the committee or committee having jurisdiction over the subject matter thereof.

(d) The records, files, and materials of the select committee shall be transferred to the Clerk of the House.

(B) Funding: Funds for the operation of the Select Committee were provided in House Resolution 443, which passed the House by a vote of 288–109 on March 29, 1984. It authorized funds for Select Committee investigations and studies through January 3, 1985 in the amount $449,250. As of December 1, 1984, $301,401.29 had been expended by the Select Committee.

(C) Committee Rules: On May 1, 1984, the Select Committee adopted the following rules for the 98th Congress:

RULES OF THE SELECT COMMITTEE ON HUNGER

Rule 1.—Meetings

The regular meetings of the committee shall be held on the third Tuesday of each month at 9:30 a.m., except when Congress has adjourned. The chairman is authorized to dispense with a regular meeting or to change the date thereof, and to call and convene additional meetings, when circumstances warrant. A special meeting of the committee may be requested by members of the committee in accordance with the provisions of House Rule XI, 2(c)(2). Every member of the committee, unless prevented by unusual circumstances, shall be provided with a memorandum at least three calendar days (excluding Saturdays, Sundays, and legal holidays) prior to each meeting or hearing explaining (1) the purpose of the meeting or hearing; and (2) the names, titles, background and reasons for appearance of any responsible for providing the same information on witnesses whom the minority may request.

Rule 2.—Quorums

A majority of the members of the committee shall constitute a quorum, except that two members shall constitute a quorum for taking testimony and receiving evidence. Proxies shall not be used to establish a quorum. If the chairman is not present at any meeting of the committee, the ranking member of the majority party on the committee who is present shall preside at that meeting.

Rule 3.—Committee reports

Every committee report shall be approved by a majority vote of the members voting, a quorum being present. Supplemental, minority, or additional views may be filed in accordance with House Rule XI, 2(1)(5). The time allowed for filing such views shall be three calendar days (excluding Saturdays, Sundays, and legal holidays) unless the committee agrees to a different time, but agree-

ment on a shorter time shall require the concurrence of each member seeking to file such views. A proposed report shall not be considered in committee unless the proposed report has been available to the members of the committee for at least three calendar days (excluding Saturdays, Sundays, and legal holidays) prior to the consideration of such proposed report in the committee. If hearings have been held on the matter reported upon, every reasonable effort shall be made to have such hearings available to the members of the committee prior to the consideration of the proposed report in the committee.

Rule 4.—Proxy votes

A member may vote by proxy on any measure or matter before the committee and on any amendment or motion pertaining thereto. A proxy shall be in writing and be signed by the member granting the proxy; it shall show the date and time of day it was signed and the date for which it is given and the member to whom the proxy is given. Each proxy authorization shall state that the member is absent on official business or is otherwise unable to be present; shall be limited to the date and specific measure or matter to which it applies; and, unless it states otherwise, shall apply to any amendments or motions pertaining to the measure or matter.

Rule 5.—Rollcalls

A rollcall of the members may be had upon the request of any member.

Rule 6.—Record of committee actions

The committee staff shall maintain in the committee offices a complete record of the rollcall votes taken at committee business meetings. The original records, or true copies thereof, as appropriate, shall be available for public inspection whenever the committee offices are open for public business. The staff shall assure that such original records are preserved with no unauthorized alterations, additions, or defacement.

Rule 7.—Task force

The committee may establish such task forces as it deems appropriate. The jurisdiction of such task forces shall be established by the chairman of the committee in consultation with the ranking minority member of the committee. The chairman and ranking minority member of the committee shall serve ex officio on each task force.

Rule 8.—Hearing dates and witnesses

The chairman of the committee, after consultation with the ranking minority member of the committee, shall announce the date, place, and subject matter of all hearings at least on week prior to the commencement of any hearings, unless he, after consultation with that member, determines that there is good cause to begin such hearings at an earlier date. Witnesses appearing before the committee shall, so far as practicable, submit written statements at least 24 hours in advance of their appearance.

Rule 9.—Open meetings

Meetings for the transaction of business and hearings of the committee shall be open to the public or closed in accordance with Rule XI of the House of Representatives.

Rule 10.—Five minute rule

Insofar as practicable, witnesses shall be permitted to present their oral statements without interruption, questioning by the committee members taking placed afterward. After completing his questioning, the chairman shall recognize the ranking majority and then the ranking minority Member, and thereafter in recognizing members present, he may give preference to the members on the basis of their arrival at the hearing, taking into consideration and majority and minority ratio of the members actually present. A member desiring to speak or ask a question shall address the chairman and not the witness in order to insure orderly procedure.

Each member may question the witnesses for 5 minutes, the reply of the witness being included in the 5-minute period. After all members have had an opportunity to ask questions, the round may begin again under the 5-minute rule.

Rule 11.—Investigative hearings; procedures

Investigative hearings shall be conducted according to the procedures in House Rule XI, 2(k). All questions put to witnesses before the committee shall be relevant to the subject matter before the committee for consideration, and the chairman shall rule on the relevance of any questions put to the witness.

Rule 12.—Stenographic record

A stenographic record of all testimony shall be kept of public hearings and shall be made available on such conditions as the chairman may prescribe.

Rule 13.—TV, radio, and photographs

When approved by a majority vote, an open meeting or hearing of the committee may be covered, in whole or in part, by television broadcast, radio broadcast, and still photography, by any of such methods of coverage, subject to the provisions of House Rule XI, 3. In order to enforce the provisions of said rule or to maintain an acceptable standard of dignity, propriety, and decorum, the chairman may order such alterations, curtailment of discontinuance of coverage as the determines necessary.

Rule 14.—Staff

The committee shall have the authority to hire and discharge employees of the professional and clerical staff of the committee. The authorization for the creation of new positions shall be approved by majority vote of the committee, a quorum being present.

Rule 15.—Authorization for travel

Travel to be paid from funds set aside for the full committee for any member or any staff member shall be paid only upon the prior authorization of the chairman. Travel may be authorized by the

chairman for any member and any staff member in connection with the attendance of hearings conducted by the committee and meetings, conferences, and investigations which involve activities or subject matter under the general jurisdiction of the committee. Before such authorized is given there shall be submitted to the chairman in writing the following:

(1) The purpose of the travel;

(2) The dates during which travel is to be made and the date or dates of the event for which the travel is being made;

(3) The location of the event for which the travel is to be made; and

(4) The names of member and staff seeking authorization.

Rule 16.—Additional duties of chairman

The chairman of the committee shall:

(1) Make available to other committees the Select Committee's findings and recommendations resulting from the investigations of the committee as appropriate; and

(2) Prepare a budget for the committee and present such budget to the committee for its approval.

Rule 17.—Amendment of rules

These rules may be modified, amended or repealed by a majority vote of the committee at a meeting at which a quorum is present, if at least two legislative days' written notice of the proposed change has been provided each member of the committee prior to the meeting date on which such changes are to be discussed and voted upon.

(D) Committee task forces: The Select Committee organized itself into two task forces to conduct its work during the second session of the 98th Congress. The task forces and their members are:

(1) International Task Force: Tony P. Hall, Chairman; Cooper Evans, Ranking Minority Member. Members: Jack Hightower, Thomas A. Daschle, Vic Fazio, Peter H. Kostmayer, C. Robin Britt, Sam Gejdenson, Mickey Leland (ex officio), Sid Morrison, Benjamin A. Gilman, Robert F. Smith, and Marge Roukema (ex officio).

(2) Domestic Task Force: Leon E. Panetta, Chairman; Bill Emerson, Ranking Minority Member. Members: Bob Traxler, Sam Gejdenson, Sala Burton, Mickey Leland (ex officio), Sid Morrison, and Marge Roukema (ex officio).

II. Activities

A. Washington, D.C. Hearings

1. Alleviating Hunger: Progress and prospects, June 26, 1984

This hearing provided an overview of current domestic and international issues focusing on the progress that had been made in the past and the outlook for the future. Information and insights were provided by individuals involved in previous governmental studies and committees.

Witnesses:

Grant, James P., Executive Director, United Nation Children's Fund (UNICEF).

Leahy, Honorable Patrick, U.S. Senator from the State of Vermont.

Lyng, Richard E., Deputy Secretary of Agriculture, U.S. Department of Agriculture, accompanied by Mary Jarratt, Assistant Secreary, Food and Nutrition Services; Joan Wallace, Administrator, Office of International Cooperation and Development; Mary Chambliss, Deputy Director of Analysis, Foreign Agricultural Service; and David Bere, White House Fellow.

McGovern, Senator George, former U.S. Senator from the State of South Dakota, and former Chairman, Senate Select Committee on Nutrition and Human Needs.

Ruppe, Loret Miller, Director, Peace Corps.

Castillo, Leonel J., President, Hispanic University, and Director, Immigration Institute and former Commissioner of Immigration and Naturalization Service.

Lamb, George, M.D., Director, Family Health and Community Epidemiology, Boston City Hospital and member, faculty of Harvard Medical School.

Shaughnessy, Daniel E., President, TCR Services, Inc. former Executive Director, Presidential Commission on World Hunger.

Raisian, John, Director, Office of Research, U.S. Department of Labor and former Executive Director, President's Task Force on Food Assistance.

Guyer, David L., President, Save the Children and Chairman, the American Council of Voluntary Agencies in Foreign Service.

Brady,[2] Dr. Nyle C., Senior Assistant Administrator, Bureau of Science and Technology, Agency for International Development.

2. World Food Situation: Emergency Food Assistance to Africa, September 13, 1984. Joint Hearing with House Committee on Foreign Affairs

This hearing reviewed the U.S. Government's response to emergency food situations in light of the severe conditions facing Africa. The role of AID and private voluntary organizations was the focus of discussions.

Witnesses:

Weiss, Honorable Ted, Member of Congress from the State of New York.

McPherson, M. Peter, Administrator, Agency for International Development.

Johnston, Philip, Executive Director, CARE.

McCloskey, Robert J., Senior Director External Affairs, Catholic Relief Services.

Barth, Norman E., Executive Director, Lutheran World Services.

Lucas, C. Payne, Executive Director, Africare.

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[2] Prepared statement submitted.

3. Effective Uses of Agricultural Abundance for Hunger Relief, September 20, 1984

Greater domestic and international use of America's commodity surpluses was the focus of this hearing. Government and private sector witnesses reviewed current programs and their effectiveness.

Witnesses:

Melcher, Honorable John, U.S. Senator from the State of Montana.

Goldberg, Richard W., Deputy Under Secretary, International Affairs and Commodity Programs, U.S. Department of Agriculture, accompanied by Bob Laird, Administrator, Food and Nutrition Services, and George J. Pope, Foreign Agricultural Service.

Bloch, Julia Chang, Assistant Administrator, Food for Peace and Voluntary Assistance, U.S. Agency for International Development.

Healy, Patrick B., Chief Executive Officer, National Milk Producers Federation.

Denlinger, Nelson, Executive Vice President, U.S. Wheat Associates, Inc.

Fondahn, Robert D., President, Fondahn & Associates, Inc.

Shelton, Carl, Executive Director, Self Help Resource Exchange (SHARE).

Freeh, LaVern A., Vice President, International Development and Governmental Affairs, Land O'Lakes, Inc.

Harrison, Lawrence, Vice President, International Development, Cooperative League of the USA.

Lemov, Michael R., Executive Director, Food Research and Action Center (FRAC).

Lipsky, Michael, Professor of Political Science, Massachusetts Institute of Technology, accompanied by Marc Thibodeau, Research Associate.

B. Regional Hearings and Site Visits

1. Accessibility and Effectiveness of Anti-Hunger Programs, Regional Hearing held in Greenwood, Mississippi, June 25, 1984

This field hearing focused on the accessibility and effectiveness of federal anti-hunger programs in a poor rural area of the country.

Witnesses:

Harper, Honorable Lanier, Mayor, Greenwood, Mississippi.

Hogan, Beverly W., Executive Director, Governor's Office of Federal-State Programs, State of Mississippi.

Raff, Michael, Director, Governor's Office of Human Development and Acting Director, Mississippi Council on Aging, State of Mississippi.

Fraiser, John A., Deputy Commissioner, Client/Field Services, Mississippi Department of Public Welfare.

Barr, John R., Director, Mississippi WIC Program, Mississippi State Department of Health.

Murphree, Chris, Food Assistance Supervisor II, Leflore County Food Stamp Office.

Sanders, Alix H., Supervisor, Leflore County, Mississippi.

Rausa, Alfio, M.D., Director, Leflore County Health Department, accompanied by Winn Keahy, Diane Pickens, and Gail Moore.

Robbins, James, II., M.D., Chief of Staff, Greenwood-Leflore Hospital.

Shirley, Aaron, M.D., Director, Jackson-Hinds Comprehensive Health Center.

Hinton, Agnes, Nutrition Services Director, Mississippi State Department of Health.

Allen, Darlena, Nutrition Coordinator, North Mississippi Planning Development.

Kibbie, Margaret, Paralegal, North Mississippi Rural Legal Services.

Kammer, Joie, Social Worker, St. Francis Center.

Alexander, Janice, Delta Health Center.

Henderson, Mary, on behalf of her Mother, Lucille Stevenson.

West, Ms.

Neal, Norma.

Walton, Oscar Jules, Cleveland, Mississippi.

Collins, Augusta.

Site visits: Home visits of residents of Greenwood and Itta Bena. L.T. Brazil Community Center, Senior Nutrition Site.

2. The Role of Educational Institutions in Helping to Alleviate World Hunger, Regional Hearing held in Davis, California, July 21, 1984

The hearing focused on how U.S. educational and research institutions can benefit poor farmers in less developed countries. Testimony was also heard on the education of the American public on world hunger issues.

Witnesses:

Robinson, David W., Associate Dean, International Program, Office of International Programs, University of California at Davis.

Hess, Charles E., Dean, College of Agricultural and Environmental Sciences, University of California at Davis.

McCalla, Alex F., Professor, Agricultural Economics, University of California at Davis.

Hall, Anthony E., Professor of Plant Physiology, Agricultural Experiment Station, University of California at Riverside.

French, Charles E., Director, Institute of Agribusiness, University of Santa Clara.

Halsted, Charles H., M.D., Professor of Internal Medicine, School of Medicine, University of California at Davis.

Dewey, Kathryn G., Assistant Professor, Department of Nutrition, University of California at Davis.

Jarvis, Lovell S., Acting Associate Professor of Agricultural Economics, University of California at Davis.

Redder, Richard A., Vice President, Meals for Millions/Freedom from Hunger Foundation, on behalf of Peter J. Davies, President.

Marr, Allen G., Dean, Graduate Studies and Research, University of California at Davis.

Adelman, Irma, Professor, University of California at Berkeley.

Goldenman, Gretta, Coordinator, Food First Education Project, Institute for Food and Development Policy.

McGovern, Judith C., Teacher, Roosevelt Middle School, Accompanied by Elias Welsh, Student, Representing the Institute for Food and Development Policy.

Brooks, Diane L., Manager, History-Social Science Unit, California State Department of Education.

Buchholz, Joyce A., School Director, Bay Area Global Education Program, World Affairs Council.

Mermel, Anita M., Director, California Office, Overseas Education Fund.

Tangri, Beverly, Director of Research, The Hunger Project.

Site visits: UC-Davis Dairy Goat Research Facility; and UC-Davis Botany Laboratory.

3. Accessibility and effectiveness of anti-hunger programs, regional hearing held in San Francisco, California, July 23, 1984

Focusing on hunger problems in an urban settling, this hearing emphasized health problems of low birthweight babies and the use of private food assistance programs.

Witnesses:

James-Harris, Zoraina M., Administrative Assistant, Social Welfare Programs, City of San Francisco.

Hartshough, Jan, Program Associate, American Friends Service Committee, on behalf of Mayor's Task Force on Food and Hunger.

Schutzman, Judith A., Executive Assistant, San Francisco Department of Social Services, on behalf of Edwin S. Sarsfield, General Manager.

Karp, Sam, Administrator, Food and Nutrition Services, Inc., Representing the Northern California Anti-Hunger Coalition.

Mendoza, Fernando, M.D., Assistant Professor, Pediatrics, Stanford University School of Medicine, Stanford University.

Razak, Arisika, Coordinator, Prevention Pre-Term Delivery Project, Alameda County.

Salisbury, Louis, Attorney, Public Advocates, Inc.

Bertram, Karem M., Nutrition Consultant.

Williams, A. Cecil, Minister, Glide Memorial United Methodist Church.

Lotito, Floyd A., Franciscan Priest, Director, St. Anthony Dining Room, St. Anthony Foundation.

Gonzalez, Louie, Urban and Public Affairs Manager, San Francisco Division, Safeway Stores.

Site visits: Neonatal Intensive Care Unit, University of California-San Francisco Medical Center, Moffitt Hospital; Supplemental Food Program for Women, Infants and Children (WIC) site, Health Center No. 3; and Dining Room, Glide Memorial Church.

C. Visits to Ethiopia by committee members

During November and December, a number of Select Committee Members travelled to Ethiopia to assess the conditions and relief operations in this drought-stricken country. Several million people are affected by the famine in Ethiopia and several hundred thousand people have already died. Substantial amounts of US emergency food aid have been committed and there is great public interest in the United States in providing humanitarian assistance to alleviate this tragedy. Thus, it was appropriate for Committee members to undertake a firsthand examination of the situation in preparation for anticipated needs that would have to be addressed.

In chronological order, the trips taken by Committee members were as follows:

1. Representative Tony P. Hall, Chairman of the Select Committee's International Task Force travelled in Ethiopia from November 9–13. He visited relief operations in Northern Ethiopia and also travelled to the South of the country where famine conditions are developing. He held discussions with the head of the World Food Program in Rome and with Senior Ethiopian and U.S. government officials as well as private voluntary organizations. On his return he stressed the need for expanded use of such mechanisms as the international emergency wheat reserve and the surplus donation program (Section 416) to fight the famine.

2. An eight-member delegation was led by Chairman Leland and Ranking Minority Member Roukema, and included Committee Members Peter Kostmayer and Bill Emerson. Travelling under the auspices of the Speaker of the House, the Members were in Ethiopia from November 24–28. The trip included:

an inspection of the country's major port facility and storage warehouses;

visits to relief camps to assess food, medical and shelter needs and to discuss conditions with relief workers;

extensive discussons with Ethiopian government officials, including the Relief and Rehabilitation Commissioner, Labor and Health Ministers, the Foreign Minister and Chairman Mengistu, the head of State.

Several positive results emerged from this trip. Upon arriving in Ethiopia, the Delegation became aware of a possible shortfall in food supplies from December through mid-January. The Delegation cabled AID Administrator McPherson to request that food be sent to help cover this projected deficit. AID was able to divert a ship bound for India in time for its needed arrival in Ethiopia.

Some information was gathered about the logistics of transportation and distribution of food aid once it reaches the country. Discussions were held about the disposition of US food contributions and assurances were provided by US private voluntary organizations working in the field that the food provided by the US was being distributed properly.

The Delegation held frank and productive discussions with Ethiopian government officials on the need for improved government-to-government relations. Members discussed the need for settlement of outstanding US compensation claims. Until these claims are re-

solved, long-term development aid is prevented under the Hickenlooper Amendment.

At President Reagan's request the Delegation briefed the President on their findings when they returned to Washington.

3. Representative Cooper Evans, Ranking Minority Member of the Committee's International Task Force, travelled in Ethiopia from November 28—December 2. He held meetings with Ethiopian government officials, including the head of the Relief and Rehabilitation Commission, and with U.S. Embassy personnel. He also travelled to relief operations and port facilities in the north with PVO representatives. Of particular concern to him was the immediate need for more materials to provide basic shelter in the relief camps, and the importance of overall long range planning and development.

Members of the Select Committee called for expedited action to respond to the Africa food crisis by the use of the 300,000 ton international emergency wheat reserve. The Administration has since announced its intention to release this wheat to meet the food needs.

D. Briefings

In addition to formal hearings, the Select Committee organized several briefings in Washington, D.C. for Members and Congressional Staff on hunger issues.

1. U.S. Licensing Procedures for Humanitarian Assistance, June 12, 1984

Members and Congressional Staff were invited to a discussion forum on laws requiring private humanitarian agencies to submit license applications for projects in countries which do not have formal ties with the U.S. One panel presented the U.S. Government's interpretation of these laws; a second discussed their effect on operations of private voluntary agencies.

Participants:

Breckon, Lyall, Director of the Vietnam, Laos and Kampuchea Desk, U.S. Department of State

Charny, Joel, Southeast Asia Projects Officer, Oxfam America

Dwight, Ron, Bureau of Economic and Business Affairs/East-West Trade Division, U.S. Department of State

Muench, Marilyn, U.S. Treasury Department

Schlechty, David, Director of Policy, Office of Export Administration, U.S. Department of Commerce

Spragens, John, Jr., Editor, *Indochina Issues*

2. Reducing Hunger-Related Deaths By Expanding Low-Cost Health Care, June 14, 1984

The purpose of this background briefing for Select Committee Members was to explore in depth the development of oral rehydration therapy (ORT), immunization, and other low-cost health measures. Administrator McPherson reviewed AID's role in developing ORT and the Agency's primary health care programs. The three

health policy analysts conducted a panel discussion on ways of combatting the malnutrition/infection cycle.

Participants:

McPherson, M. Peter, Administrator, Agency for International Development

Gerber, Dr. Michael, Executive Director, African Medical and Research Foundation

Gwatkin, Dr. Davidson, Senior Fellow, Overseas Development Council

Wray, Dr. Joe, Center on Population and Family Health, Columbia University

3. UNICEF's GOBI Program, June 26, 1984

The Select Committee hosted a briefing in conjunction with the U.S. Committee for UNICEF for Members and Congressional Staff to meet informally with Dr. James Grant, UNICEF's Executive Director. Dr. Grant discussed UNICEF's program of health measures aimed at significantly reducing infant and child deaths worldwide.

4. Coordinating the International Data Base for Assessing World Food Needs, August 21, 1984

The Committee organized a meeting of technical experts working on international data collection to compare and discuss the major data systems for assessing world food aid needs. Participants discussed with Congressional staff and executive agency personnel the similarities and weaknesses, and areas where data and methodological improvements might be made.

It is generally acknowledged that a lack of coordination in this area has hindered efforts to define true needs for donor assistance. This was the first meeting ever held at which these technical experts had the opportunity to discuss such coordination. It was agreed tht the Committee could continue these efforts by scheduling similar meetings in the future.

Participants:

Huddleston, Barbara, United Nations Food and Agriculture Organization (FAO)/Rome

Merrill, Hank, Agency for International Development (AID)/Africa

Nightingale, Ray, U.S. Department of Agriculture/Economic Research Sevice (USDA/ERS)

Stallings, Dave, U.S. Department of Agriculture/Economic Research Service (USDA/ERS)

Ullrich, Ron, Agency for International Development (AID)/Food for Peace

5. Water and Sanitation Aspects of International Development, November 2, 1984

The Select Committee explored the direct link between impure water usage, malnutrition and hunger at this briefing. In the developing world, 16,000 children under the age of five die each day from water related diseases; half of the hospital beds in the world are filled with people suffering from water related diseases.

The briefing included a discussion on the U.S. govenment's participation in the International Water Decade. Examples of successful water development projects and their high level of cost effectiveness were cited.

Participants:

Bourne, Dr. Peter G., Global Water, Incorporated
Wyss, William, Jr., Global Water, Incorporated

E. Reports Initiated by the Select Committee

1. Africa Tomorrow: Issues in Technology, Agriculture and U.S. Foreign Aid

The Office of Technology Assessment (OTA) is conducting a study of agricultural technology for Sub-Saharan Africa at the request of the Select Committtee. The Committee's request was made in light of the severe food problems now facing this area and the fact that this is the only region in the world where the per capita food production is declining. While experience has shown that technical assistance to small and poor farmers is a key to increasing food production, there are few programs now aimed at conditions which these farmers will be facing in the coming years.

On May 1, 1984, Chairman Mickey Leland and the Ranking Minority Member, Marge Roukema, submitted a request on behalf of the Committee to OTA for the conduct of this assessment. Congressman Howard Wolpe, Chairman of the Subcommittee on Africa, House Foreign Affairs Committee, submitted a separate letter of support for the project. Congressman Cooper Evans, a Select Committee Member and OTA Board Member provided great assistance in bringing the proposal to the attention of the Technology Assessment Board prior to its approval of the project on June 21, 1984.

Work on the project commenced in July. In September, a workshop brought together experts on technology transfer, development assistance and agriculture with expertise relating to Africa. The OTA report, including the workshop proceedings and additional information will be completed in December 1984.

The December report will include an analysis of the following factors:

(1) sustainable technologies and technical assistance programs to meet changing needs brought about by demographic shifts in the next 15 years;

(2) the characteristics of successful technology transfer programs;

(3) the extent to which U.S.-funded agricultural assistance exhibits such characteristics; and

(4) the potential role of nongovernmental groups.

This report can be considered a preliminary effort. The project design allows for future work after review of the December report.

2. More Effective Uses of U.S. Commodity Surpluses to Address the Problems of Hunger and Malnutrition

One of the ongoing challenges of the Select Committee has been to explore the co-existence of surplus stock of food in the United

States and hunger and malnutrition at home and abroad. On the surface, there would appear to be great potential for further utilization of surplus commodities to alleviate these problems. As the Committee began its examination of this issue, several points emerged:

(1) The public perception of the availability and possible uses of surpluses under Federal Government control may not match actual possibilities for such utilization;

(2) A great number of programs have already been enacted to use surplus commodities. What might be needed now is an examination of how these current programs could be utilized further or refined; and

(3) It might be an appropriate time for the Committee to collect, in one document, basic current information on surplus commodity availability and utilization in order to provide useful information to the Standing Committees preparing to consider the 1985 Farm Bill.

The Select Committee addressed these points in two ways., A hearing was held on September 20th on the "Effective Use of Agricultural Abundance for Hunger Relief," so that a broad array of witnesses with expertise regarding the utilization of surplus commodities could present their views. Secondly, because of the Committee Members' interest in the topic, the Committee commissioned a consultant study. The Committee sought to gather current information on the major aspects of the situation and explore the question of whether greater use could be made of programs currently authorized.

The lead contractor on this study is TCR services, headed by Daniel Shaughnessey. Mr. Shaughnessy, is the former Executive Director of the Presidential Commission on World Hunger and has also served in USDA and AID. Work on this contract was authorized to begin on September 19, 1984.

The report will contain the following information:

(1) an examination of the world food supply situation as it exists today and potential needs for the future, along with current and projected stock levels of commodities;

(2) a review of how U.S. surpluses can be applied to the international problem of hunger; and

(3) review of existing U.S. domestic programs and their potential to use additional supplies of surplus foods to alleviate hunger in the United States.

F. Committee's Private Sector Advisory Board

The Select Committee believes that the private sector has an important role to play in helping to alleviate hunger and malnutrition in the developing world and to assist Americans who are unable to meet their basic needs. The experience and expertise of the private sector have much to contribute to the solutions of hunger-related problems, whether it be through a food bank in a local community or an agricultural project abroad.

Thus, the Committee recently established a Private Sector Advisory Board to assist the Committee in its work. Individuals representing a wide variety and type of corporate and organizational backgrounds have agreed to serve in this advisory capacity.

The Members of the Private Sector Advisory Board are:

Robert O. Aders, Washington, DC
James R. Beebe, Groton, CT
R. Dyke Benjamin, New York, NY
Kathryn W. Cain, Oakland, CA
Cy Carpenter, Washington, DC
Dr. William G. Craig, Monterey, CA
Nathan Cushman, Lebanon, CT
Robert A. Dalgleish, Seattle, WA
Judson H. Drewry, Northbrook, IL
Francis B. DuBois, Davis, CA
Robert C. Foster, Toledo, OH
LaVern Freeh, Arden Hills, MI
Orville Freeman, New York, NY
Thomas W. Gleason, Sr., New York, NY
Peter Goldberg, Greenwich, CT
Darrel Gray, Gardena, CA
Thomas Haggai, Highpoint, NC
Eric D. Haueter, Englewood Cliffs, NJ
Glen Hofer, Washington, DC
Edward A. Jaenke, Washington, DC
George B. James, San Francisco, CA
J. Patrick Kaine, Chicago, IL
Catherine Lerza, Washington, DC
Rev. Alton H. McEachern, Greensboro, NC
James Morgan, Emmaus, PA
Richard Reuter, Northbrook, IL
Richard Rominger, Winters, CA
Daniel E. Shaughnessy, Arlington, VA
Carl G. Smith, Fremont, MI
Martin Sorkin, Washington, DC
Virgil D. Stone, Houston, TX
Chris Stout, Everett, WA
Buddy Temple, Austin, TX
Glen Tussey, Washington, DC
William Vitulli, Montvalle, NJ
Morgan Williams, Washington, DC
John Wise, Milwaukee, WI
William H. Wynn, Washington, DC

The Board members have been asked to submit preliminary suggestions on ways in which the private sector could be further involved. Specifically, they have been asked to comment on major obstacles to private enterprise playing a more effective role in alleviating world hunger and actions the government can take to support and complement private sector initiatives.

These suggestions are being utilized in preparation for the Committee's first meeting with the Board.

G. Special activities

1. Symposium on "Women and the International Food System: The Next Step"

The Select Committee and six private voluntary organizations joined in sponsoring a symposium held in recognition of the role of

women in agriculture around the world. A number of Members of Congress addressed the group during its day-long meeting. The other cosponsors of the symposium were:

CARE, Cooperative League of the USA, Equity Policy Center, Overseas, Education Fund International, Partners of the Americas, and the League for International Food Education.

The discussion topics of the symposium included the integration of women into P.L. 480 (Food for Peace); the Percy Amendment, translating policy to program; restructuring agricultural programs to integrate women; reflecting nutrition needs in agricultural policy; and household food production. Specific recommendations for action were developed by the participants.

2. World Food Day

October 16, 1984 marked the fourth annual observance of *World Food Day.* This occasion, held in honor of the founding of the Food and Agriculture Organization (FAO) of the U.N. has become an important international vehicle for raising awareness of hunger issues.

Select Committee Members and staff were involved in Washington, D.C. events. The Chairman participated with Secretary of Agriculture John Block and others in a National Satellite Teleconference organized by FAO which reached at least 3,000 persons in 120 locations in colleges and universities throughout the country. Representative Benjamin Gilman, a Committee Member, was one of six recipients of the 1984 Presidential World Without Hunger Awards sponsored by the Agency for International Development. Committee staff helped organize a national convocation ceremony held at the Washington Cathedral and participated in a local conference on ways to end hunger.

3. Information on hunger issues

Since its inception, the Select Committee has responded to numerous Congressional and public requests for information on hunger issues. In September the Committee began publication of a newsletter, "Hunger Report." The first issue focused on the Africa famine, primary health care, hunger-related legislation, and income generating projects overseas. The second issue covered the response to the African crisis, World Food Day, and the role of water supplies in Third World Development.

ADDENDUM: STAFF RESOURCE PAPER

INFORMATION FOR FUTURE STUDY OF PROGRAMS WHICH ALLEVIATE HUNGER AND MALNUTRITION

INTRODUCTION

This Resource Paper was prepared jointly by the Majority and Minority staff of the Select Committee on Hunger.

A review of recent studies on hunger-related issues was undertaken, along with an analysis of the Select Committee's hearing record and briefings. As a result of this work, a number of issues were identified in both the international and domestic areas. This paper is a resource document which will assist in setting the context of the Select Committee's future work.

CHAPTER 1: HUNGER IN THE DEVELOPING COUNTRIES

I. Hunger in the developing countries

A. Dimensions of hunger

Hunger is a reality affecting hundreds of millions of people. Famine and starvation are its most visible and heartrending manifestations. Recent examples include starvation conditions in much of Sub-Saharan Africa in 1973–74, Cambodia in 1979, and drought-stricken African nations today. The consequence of hunger has been brought vividly to the public eye by recent media coverage of the drought and famine in Ethiopia, where hundreds of thousands of people are seeking food at relief centers.

Tragic as famine is, the magnitude of world hunger goes far beyond the horrors of famine. The greatest number of hungry people suffer not from famine or starvation, but from continual undernutrition.

The chronic lack of enough to eat leads to higher death rates, stunted physical and mental development in children, anemia, lassitude, poor school and work performance, and generally, a lower quality of life. Hungry people become sick more often, miss more days of work, and are able to take advantage of fewer opportunities. In very poor countries for every 10 children born, two die in infancy, one dies before the age of five, and only four live beyond the age of 40.

While the manifestation of hunger is obvious—people not getting enough food to eat, or unable to obtain nourishment from their food because of illness—the causes are complex. Because of this, in a world of abundant agricultural resources, millions face hunger on a daily basis. It is estimated by UNICEF that 15 million people a year die from hunger-related causes.

Food and development agencies have calculated the number of hungry persons worldwide to be from 450 million to 1.3 billion.

The U.S. Agency for International Development (AID) notes that all of these estimates exclude the marginally undernourished. Such persons can at any time become severely undernourished if affected by a sudden health or economic crisis.

Because the term "hunger" is subjective, it is difficult to derive an exact estimate of the number of hungry people. Even the measure of an inadequate diet, defined as one with insufficient calories, is subject to assessment of individual nutritional requirements for calories based on activity, sex, body weight, and other factors. Estimates are often based on a single minimum level of requirements for a given population. The UN Food and Agriculture Organization (FAO) estimates the minimum intake as 1.2 times the standard value of the basal metabolic rate, the amount of energy used by the human body at rest.

World health statistics indicate that moderate or severe malnutrition affects one in five Latin American children and one in three in Africa and Asia. Twelve countries have particularly large numbers of hungry people. According to FAO they are:

	Millions
India	201
Indonesia	33
Bangladesh	27
Nigeria	14
Brazil	2
Ethiopia	12
Pakistan	12
Philippines	10
Afghanistan	6
Burma	5
Colombia	5
Thailand	5

Understanding of what constitutes hunger and malnutrition has changed considerably over the last ten years. Previously, malnutrition was often thought to be a lack of certain nutrients, such as protein, vitamin A or others. Nutrition programs often concentrated on providing the key missing elements in the diet. However, it has become clear that the leading hunger problem in the world is undernourishment—a shortage of food—rather than a lack of a specific nutrient.

Although the leading hunger problem is undernutrition, some diets lack specific nutrients, which results in malnutrition. Iron-deficiency anemia, which is a result of blood loss or lack of iron in the diet, is the most widespread example. It results in low work productivity, lethargy, and poor school performance. According to the World Bank, more than half the victims of anemia are adult women in developing countries. Anemia is common among pregnant women, and can lead to premature birth with resulting serious implications for the health of the newborn. The more children a woman has, the greater the probability of severe anemia—which adds to the cycle of poverty and low rates of child survival.

Goiter, which affects perhaps 200 million people worldwide, results from lack of iodine. This deficiency can stunt physical and mental development, and reduce energy and motivation. In communities with a high incidence of goiter, as in parts of Africa, 4 percent or more of children may be deaf-mutes or cretins.

Vitamin A deficiency, which can lead to blindness, affects, according to some estimates, half of the children in developing countries. This deficiency can also affect growth and the severity of other nutritionally related illnesses. Roughly, 100,000 persons become blind from lack of Vitamin A every year.

The basic cause of hunger is beyond dispute. In most cases people do not get enough to eat because they are poor. According to the World Bank, approximately 800 million people live in "absolute poverty", a condition in which they cannot provide themselves with even a minimally adequate diet or cannot meet other basic needs such as shelter. This poverty explains why increasing food production alone will not improve the status of most poor and hungry people if they still do not have the resources to obtain the food.

Most of the world's hungry people lack both land to grow sufficient food and money to buy it. Famines are not always caused by an absolute lack of food production, but rather by the inability of people to purchase food.

Poverty and hunger are self-perpetuating, as they interact with poor health, low literacy, unemployment, contaminated drinking water, and unsanitary conditions. This complex of factors must be overcome to adequately address the problem of hunger.

B. Progress and achievements

Over the past generation, revolutionary progress has been made in improving the basic conditions of life in the Third World. Life expectancy was increased by approximately 40 percent from 1950–1980 in underdeveloped countries, thus achieving in one generation what it took the industrialized world two centuries to attain. The Child death rate in the poorest countries was cut by roughly one-half in the past two decades. Another key development indicator, the precentage of girls attending primary school, has more then doubled in that time. And basic education has progressed to the point where, for the first time in human history, the majority of the world's adults can read and write. However, the absolute number of hungry people has not decreased, and, because of population growth may have increased. Therefore, programs to directly and indirectly address the problem of hunger must be undertaken.

Anti-hunger interventions take a variety of forms. Both short-term and long-term solutions are necessary. The famine in Ethiopia, for instance, demands immediate food and medical assistance as well as measures to restore agricultural productivity

in the drought-stricken areas. Raising the incomes of the poor and increasing the availability of food, especially staple foods, are necessary. Additionally, efforts to break the malnutrition-infection cycle will be essential in alleviating world hunger.

The Presidential Commission on World Hunger concluded that the most successful national campaigns against poverty and hunger have involved fundamental changes in economic and political systems. Structural changes of this type require a highly organized and visible commitment, as problems across the political, economic and social spectrum are addressed. Meeting the basic needs of the poor majority requires mobilizations of governments in both developed and developing countries.

In addition to moral and economic factors, the Report of the Presidential Commission on World Hunger also stressed the importance for the United States of ending world hunger. Hunger is politically and strategically destabilizing for the international system and can result in serious adverse consequences for U.S. interests.

II. Programs directed against hunger abroad

A. The cycle of infection and malnutrition

Most of the 40,000 children under age five who die daily throughout the world succumb to the combined effects of malnutrition and infections according to UNICEF estimates. At a briefing held by the International Task Force of the Select Committee on Hunger on June 14, 1984, this interaction of malnutrition and infection was the major focus of discussion by M. Peter McPherson, Administrator of the U.S. Agency for International Development (AID), and a panel of three primary health care experts.

Infection and malnutrition reinforce each other. Malnutrition and hunger are caused not only by lack of food, but also by parasites, infections, and diarrheal diseases which increase the probability of malnutrition and vice-versa. Thus, disease leads to malnutrition, which in turn makes people susceptible to further disease. Breaking this cycle using basic health care measures can have a dramatic impact on reducing the death, disease and disability associated with world hunger.

At hearings of the Select Committee on Hunger held on June 26, 1984 and September 13, 1984, witnesses from leading organizations which provide primary health care services addressed the potential for reducing hunger-related deaths. Each witness, including James Grant, Executive Director of UNICEF; Peter McPherson, Administrator of AID; Phillip Johnson, Executive Director of CARE; and Robert McCloskey, Director of External Affairs for Catholic Relief Services, gave eloquent statements on the life-saving and health-giving possibilities of expanded and improved health care services.

James Grant, Executive Director of UNICEF, estimates that half of the children who die from the effects of malnutrition and infection could be saved if four simple, inexpensive methods, known as GOBI, were available in their areas: *G*rowth charts to spot undernutrition, *O*ral rehydration therapy to replace lost body fluids, *B*reastfeeding of infants instead of bottle-feeding, and *I*mmunizations against childhood diseases. These services, when provided through a system of workers who are trained to give vaccinations and teach health, nutrition and sanitation measures, are capable of cutting infant death rates in half at very low cost per person served. (See Table 1).

The greatest single cause of death among children in poor countries is dehydration from infection-related diarrhea. Using oral rehydration therapy (ORT), the drinking of a sugar-salt mixture in the proper concentration, dehydration can be prevented or corrected in almost all cases. The cost is as little as five cents per treatment. In a remote region of Bangladesh, a study of more than 30,000 cases of diarrheal disease found that 95 percent of them could be treated successfully with ORT. The effectiveness of ORT was also demonstrated in Costa Rica, where child deaths by dehydration dropped by more than 80 percent in National Children's Hospital within the first year that ORT was introduced.

It is important to assist mothers in developing countries to identify and properly prepare suitable and appropriate weaning foods. The lack of potable water often is a major factor that makes traditional weaning foods the source of diarrheal infection in infants just being started on the weaning process by their mothers.

AID has taken the lead in promoting Oral Rehydration Therapy. AID supported the Center for Diarrheal Diseases in Bangladesh, and in 1983 sponsored the first International Conference on Oral Rehydration Therapy. Another agency promoting primary health care measures is the Voice of America, a division of the U.S. Information Agency, which has devised a program for the radio broadcast of health messages in less developed countries.

A key health measure is vaccination against immunizable diseases, which kill five million children each year. Immunizations against the six major childhood killers—

measles, tetanus, whooping cough, diphtheria, polio and tuberculosis would not only lower death rates but also save people from crippling diseases and improve economic productivity. An international conference held in Bellagio, Italy in March 1984, at which AID played a key role, recommended expanded immunizations as a leading health measure. As an example of program effectiveness, a national campaign of polio immunization in Brazil resulted in a 99 percent decrease in the incidence of polio. Clearly it should be a priority of any health care system to protect against preventable diseases. However, no more than 10 to 20 percent of the world's children are now immunized.

A national immunization program can be implemented for $.20–.60 per capita. Table 1 from the Bellagio conference report shows projected costs for immunizing infants and pregnant women in targeted areas.

Other leading measures of basic health care include breastfeeding education and growth monitoring. Studies around the world have shown that bottle-fed infants are several times more likely to contract diarrheal diseases and die than are breastfed infants. In Thailand, a program based on the home use of growth charts by parents in several villages helped to completely eliminate acute malnutrition and reduce moderate malnutrition by 44 percent during 1981–82, even though no invisible malnutrition, and the parents responded by redirecting available food resources to malnourished children.

TABLE 1.—PROJECTED MAXIMUM AND MINIMUM ESTIMATES OF ANNUAL TOTAL COSTS IN 1985 DOLLARS FOR VARYING ASSUMPTIONS OF COST PER FULLY IMMUNIZED INFANT AND PREGNANT WOMAN IN THE PROPOSED ACCELERATED AREAS

[Dollar amounts in U.S. dollars]

Year	Target infants [1] [2] (thousands)	Projected cost per infant			Pregnant women [3] (thousands)	Target coverage [3] (percent)	Projected [1] [2] [3] cost per pregnant woman		Total cost in thousands	
		Coverage (percent)	Maximum [4]	Minimum [5]			Maximum [4]	Minimum [5]	Maximum	Minimum
1....	9,042	40	$15.00	$15.00	2,261	10	$3.50	$3.50	$143,548	$143,548
2....	11,527	50	15.00	15.00	5,763	25	3.50	3.50	193,074	193,074
3....	22,111	60	15.00	15.00	16,583	45	3.50	3.50	389,711	389,711
4....	26,307	70	15.00	15.00	22,549	60	3.50	3.50	473,530	473,530
5....	28,744	75	15.00	14.00	26,828	70	3.50	3.00	525,064	482,906
6....	39,498	80	15.00	14.00	39,498	80	3.50	3.00	730,709	671,462
7....	40,244	80	15.00	14.00	40,244	80	3.50	2.75	744,519	674,092
8....	41,005	80	15.00	14.00	41,005	80	3.50	2.75	758,590	686,832
9....	41,780	80	15.00	12.50	41,780	80	3.50	2.55	772,928	628,787
10....	42,570	80	15.00	12.50	42,570	80	3.50	2.40	787,536	634,286
11....	43,374	80	15.00	12.50	43,374	80	3.50	2.40	802,421	646,274
12....	44,142	80	15.00	12.50	44,142	80	3.50	2.25	816,623	651,092
13....	44,923	80	15.00	11.00	44,923	80	3.50	2.25	831,078	595,231
14....	45,718	80	15.00	11.00	45,718	80	3.50	2.25	845,788	605,767
15....	46,527	80	15.00	11.00	46,527	80	3.50	2.00	860,758	604,857
16....	47,351	80	15.00	10.00	47,351	80	3.50	2.00	875,994	568,212

[1] The proposed accelerated areas consist of the 10 developing countries with the highest vaccine preventable disease mortality. China's population was excluded because of the likelihood that external resources will not be required for this initiative. Source: Demographic Indicators of Countries. Estimates and Projections as Assessed in 1980. Department of International Economic Cultural Affairs. U.N. ST/ESA/SER. A/82. The median variance of each projection has been chosen.

[2] Total infants and pregnant women at risk was estimated in year 1 by phasing in 3 countries for acceleration. Year 3—3 additional countries (total 6), and by year 6—the last 4 countries included. The target population is infants in each successive birth cohort. The backlog of unimmunized missed infants, in each cohort is not considered a primary target. The birth rate in the developing countries was assumed to be 3.0%, and slowly declining; to approximate the increase in cohort size, a base year birth rate was increased by the population growth rate.

[3] Total pregnant women at risk were considered all women 15–49 years of age. This projection does not take into account multiparity. Each pregnant woman is assumed to deliver one liveborn infant. This assumption ignores as much as 5% total wastage which necessitates vaccinating 105 women for each 100 liveborn children.

[4] No economies of scale or dyseconomies of scale are assumed.

[5] In the early years of program expansion, 3–4 years are expected at constant cost before the average cost of immunizing a child and a pregnant woman may benefit from any economies of scale. There may be, on the other hand, certain dyseconomies of scale and infrastructure development which inhibit any further fall in costs. In addition, increasing marginal costs may be observed as the program extends to the least accessible populations.

Source: Protecting the World's Children Vaccines and Immunization Within Primary Health Care. The Rockfeller Foundation—June 1984.

A test of primary health care during the early seventies in Narangwal, India, produced striking evidence of the cost-effectiveness of basic health care. Projects which combined medical care and nutrition services reduced infant mortality to seven percent, compared to 13 percent in the surrounding areas. The nutrition campaigns

alone reduced the infant death rate to 10 percent. Another project at Miraj, India, yielded similar results: infant mortality was reduced in three years from 6.8 percent to 2.3 percent. Further examples of low cost and effective primary health care projects are documented in the 1985 UNICEF "State of the World's Children" report. In Honduras, a nationwide campaign begun in 1981 to expand oral rehydration therapy cut the death rate from diarrhea in children under age 2 by 40 percent within a year and a half. The cost was 25 cents per mother reached.

In the Cherago district of Algeria, the infant mortality rate has been cut by 60 percent in the past five years, using a combination of low cost techniques including oral rehydration therapy, immunizations, nutrition monitoring, and nutrition education of mothers and children.

Table 2 shows the success rates and costs of some primary health care projects.

Hearings held by the Select Committee on Hunger on the role of primary health care in reducing hunger-related deaths gave rise to H.R. 6117, the Hall-Wolf bill to increase funding for primary health care. As a result of constituent and Congressional interest in this measure and the efforts of Select Committee Members, an additional $60 million for primary health care and nutrition services was included in the FY 1985 appropriations for foreign aid. UNICEF and the Centers for Disease Control (CDC) estimates indicate that this level of additional funding would result in saving at least 170,000 lives and additionally saving a similar number of people from being crippled. It will also lead to increased productivity for hundreds of thousands of people in less developed countries.

B. The U.S. Government response to food emergencies

1. Introduction

Lethal, drought conditions are causing severe food shortages in over 20 Sub-Saharan African countries. Drought has continued for at least three years in many of these countries; some nations are experiencing ten years of inadequate rainfall. The crop failures resulting from the drought and the lack of sufficient amounts of food from other sources have led to the specter of starvation on a massive scale. The drought has been so destructive that even if normal rainfall should resume, most stricken areas are months, if not years, away from returning to sufficient food production. Africa stands on the brink of a human catastrophe which only the resumption of adequate rainfall and a highly effective, well coordinated international emergency relief effort can mitigate.

TABLE 2.—PRIMARY HEALTH CARE PROJECTS: SUCCESS RATES AND COST

[Dollar amounts in U.S. dollars]

Project	Infant mortality rate (percent)		Annual cost per capita
	Project area	Control area	
Guatemala, rural (1970–72)	5.5	8.5	$8.90
Haiti, rural (1968–72)	3.4	15.0	3.85
India, Jamkhed (1971–76)	3.9	9.0	1.55
India, Narangwal (1970–73):			
Medical care	7.0	12.8	2.40
Nutrition intervention	9.7	12.8	4.80
Combined	8.1	12.8	3.80
Nigeria, Imesi (1966–67)	4.8	9.1	3.60

Sources: Davidson R. Gwatkin et al., Can Health and Nutrition Interventions Make A Difference? (Washington, D.C.: Overseas Development Council, 1980); Warren L. Berggren et al., "Reduction of Mortality in Rural Haiti Through a Primary-Health-Care Program," The New England Journal of Medicine, May 28, 1981; Rashid Faruqee and Ethna Johnson, "Health, Nutrition, and Family Planning in India," World Bank, February, 1982.

Reprinted from Improving World Health: A Least Cost Strategy, William U. Chandler, Worldwatch Institute, 1984.

The problems facing drought-stricken African nations require both short-term emergency relief, and longer-term national development. These problems are complex, rooted in man-made causes as well as natural phenomena. Government policies in many Sub-Saharan African nations undermine agricultural production and farming practices damage productive lands and lead to desertification.

It is important to note that long-term measures to reverse declines in per capita food production in Sub-Saharan African nations must be initiated by the governments of the region and supported by the international donor community. Agricultural policies in many countries have frequently favored the urban consumers at the expense of farmers who find few financial incentives to increase food produc-

tion. Such policies contribute to the vulnerability of countries facing natural disaster such as drought. The World Bank, the United Nations Food and Agricultural Organization (FAO) and AID all have conducted research on the need for agricultural policy reform in Africa. The current emergency relief effort should generate sustained interest in exploring those policy reforms required to increase food production, decrease vulnerability to drought, and guarantee food security for those who are poor.

Food emergencies and the need to provide effective relief efforts are not confined to Sub-Saharan Africa. There are tens of millions of individuals facing severe hunger conditions around the globe at any given time. There is particular concern currently about indications of growing food problems in Bangladesh, Pakistan, and Bolivia. The nature of the African crisis is such, however, that the Select Committee on Hunger has been engaged in efforts to ensure an adequate response on the part of the U.S. Government to this catastrophe, and to address structural limitations in various emergency programs.

Witnesses at the September 13, 1984, hearing on emergency assistance to Africa, which was conducted jointly by the Select Committee on Hunger and the House Foreign Affairs Committee, cited the human impact of the current crisis. Rep. Ted Weiss (D-NY) articulated the concern: "The areas of greatest need are least able to distribute food. Mozambique, northern Ethiopia and the landlocked Sahelian nations are among the most impoverished in terms of infrastructure and also the hardest hit by the drought. The number of deaths is nearly impossible to estimate but the toll is unquestionably mounting. Many do not actually starve but die from disease that finds easy prey in malnourished bodies."

Africare Executive Director C. Payne Lucas spoke of the deterioration of African food production capability at the September 13 hearing. Mr. Lucas said, "If someone had told me on my first day in Africa that I would be someday advising a congressional committee on how to prevent millions of Africans from starving, I would have laughed. Everything around me was green. There were fruits and vegetables galore. The countryside was a cornucopia. The people did not queue up for the latest shipment of Uncle Ben's rice. They fed themselves . . . Now, the green is gone . . . as many as 26 African countries are expected this year to require emergency shipments of staple food."

The sheer magnitude of the African famine in terms of human lives affected is difficult to comprehend. By current FAO and AID estimates, well over 100 million people in 28 Sub-Saharan African countries are immediately affected by serious food shortages, with 20 million at risk of starvation.

The famine in Africa dramatically underscores the urgency of addressing the immediate and long-term problems facing the Sub-Saharan region. The current difficulty in mounting massive relief programs is indicative of infrastructure inadequacies which exacerbate problems of poverty, malnutrition, and poor health. The crisis also focuses the attention of the governments of the region and the international donor community on the cyclical nature of the problem and the need to integrate emergency relief response into long-term development objectives.

Furthermore, it draws attention to the effectiveness of donor community response to periodic food emergencies. As was the case during the great Sahel drought of the early 1970's and other famine situations, donor emergency assistance has been large once activated, but often slow to materialize. Indicators of continuing drought and crop failure were evident long before the current major relief efforts were mounted. Because of immediate necessity, funds are being spent to airlift food to starving people at a cost approximately five times as great as overland transport.

A number of suggestions to shorten the response time from the onset of the emergency until food commodities arrive in the country are being examined. These include improvements in the Food and Agriculture Organization's Early Warning System, which provides data on food requirements of developing countries. One controversial concept involves the pre-positioning of food stocks in or near vulnerable countries. This option has been incorporated into the President's 1984 Food Aid Initiative. There are concerns about the practical feasibility of this approach given the logistical capabilities abroad. Part of this problem can be addressed by training. Joan Wallace, Administrator of USDA's Office of International Coordination and Development, indicated at the June 26, 1984 hearing that USDA administers training programs in grain storage and warehouse management for developing country officials.

One aspect of effective response to food emergencies which is important to consider is the role of the host government in facilitating emergency need assessments, port handling, and internal distribution of relief. What coordination responsibilities should be expected of the host government? How should donors handle an emergen-

cy relief environment in which the host government's commitment to humanitarian relief for all affected sectors of the population is in doubt?

The stated policy of the U.S. Government is that a hungry child knows no politics and thus emergency relief can be provided to all countries. The U.S. Government has taken important steps to respond to the African crisis. There are additional practical steps to improve the effectiveness of that aid and guarantee that more of it gets to more hungry people more quickly. Improvements in the structure and capability of the U.S. Government's various emergency programs could better enable a more rapid and comprehensive response to food emergencies worldwide and would work to integrate those programs into long-term development objectives.

2. Response mechanisms

Food emergencies range from droughts which threaten lives over a long period of time to short-term threats such as hurricanes and earthquakes which often create food shortages. Adequate food supplies to meet such varying needs must be available on a timely basis.

The principal source of food assistance for all types of emergencies is the P.L. 480 program, known as Food for Peace. Most emergency needs are met by Title II of the program, under which food is provided on a grant basis. Some assistance can be provided through concessional sales programs such as Title I or special credit programs. During the 1983–1984 African drought, Title II resources were not adequate to meet the large emergency requirements in Africa while still maintaining adequate levels of assistance to poor countries in the rest of the world. A supplemental appropriation for food aid was sought by the Administration and approved by Congress, but delays at both stages in the process slowed the emergency response. It is already clear that a supplemental appropriation for Title II emergency food assistance will be necessary again in 1985.

A key source of assistance for emergencies is the 300,000 metric ton wheat reserve. In 1980 Congress enacted legislation which established a 4 million ton reserve of wheat. Of this amount, 300,000 metric tons can be available for emergency distribution through P.L. 480 Title II without regard to the U.S. domestic supply of wheat. Unfortunately, in the past administrative procedures have made it difficult to trigger the 300,000 metric ton wheat reserve. On November 28, 1984, the Secretary of Agriculture announced the intention to release the 300,000 tons for emergency use to help relieve famine in Africa. Members of the Select Committee had been among those urging this course of action.

In addition to the need for adequate food assistance, there is a need for adequate funding to supply transportation from the port inland, and to meet other distribution costs. The use of all available options should be explored, including utilization of the Army Corps of Engineers to assist with transportation and distribution in emergency situations. Witnesses from private and voluntary agencies who testified at the September 13, 1984 hearing expressed concern that, while such resources are needed for food transport and distribution, the necessary funds should not be transferred from existing accounts such as P.L. 480 Title II or Development Assistance, but should be additional to current programming.

A provision in the President's Food Aid Initiative provides for payment of inland transport in selected cases under P.L. 480 Title II programs. Authorization for this was contained in the Continuing Resolution for Fiscal Year 1985. Also authorized was an emergency fund for quick action initiatives such as purchases of small quantities of food from nearby countries, purchase of seeds, and payment of logistical costs. However, no new funds have been appropriated for these initiatives.

Funding for inland freight costs in Title II programs would have a long-term impact on the Title II program budget. If additional funding for non-food costs of the program are not provided, the volume of food which Private Voluntary Organizations will be able to use will decline, and pressure to use less expensive and less nutritionally complete commodities will grow.

Another issue to be addressed is the timeliness of commodity deliveries. Philip Johnston of CARE discussed this at the September 13, 1984 hearing: "You must take into account anchorage time. When we arrived in Somalia, it was absolutely normal to see 20 ships in anchorage prior to their being able to offload their cargo because the harbor couldn't handle the increased amounts of food." Improved and comprehensive strategies to ensure the expeditious delivery of food should be explored. Technical assistance to reduce backlog in off-loading at the port and address storage problems can be crucial. Donor coordination with regard to food aid shipment scheduling is also vital in preventing bottlenecks.

3. Emergency program personnel

The provision of large quantities of emergency relief supplies, particularly food stocks, and other forms of disaster assistance, requires an early and ongoing assessment of the situation. Questions regarding not only the quantity and types of food and other supplies needed, but also technical and logistical factors affecting the delivery and distribution of the emergency supplies, must be addressed early if the emergency response program is to be effective. Frequently during massive famine situations, such as the current Sub-Saharan African crisis, adequate quantities of food aid arrive in major ports and national capitals. However, an inadequate and overwhelmed transportation and storage network then result in slow and inefficient distribution of the emergency supplies. Logistical bottlenecks frequently can prevent food supplies and other emergency assistance from reaching the hungry and sick quickly.

Presently, a lack of information on logistical factors and a lack of solutions to logistical problems threaten to delay distribution of food commodities and relief supplies in Africa. The U.S. Government Inter-Agency Task Force on the African Food Emergency, formed in October 1984, needs a comprehensive assessment of logistical factors slowing the delivery of emergency food aid to countries in need. There is now no readily available and adequate mechanism to provide that assessment.

U.S. AID Missions in developing countries which suffer natural disasters and famine need comprehensive hazard and vulnerability analyses. Information needed includes early warnings of imminent crop failures as well as information on logistical impediments to major emergency feeding programs. Immediate and thorough assessment of the situation is required as an emergency develops. Expert management of the emergency relief program is necessary to ensure an effective response. Although in some cases the personnel and expertise to provide such analyses, situation assessment and emergency program management is available at U.S. Missions, in many cases it is not. AID's Office of U.S. Foreign Disaster Assistance (OFDA) has the expertise but not the personnel to adequately provide such technical assistance. By creating emergency action teams with the technical expertise to provide the hazard and vulnerability analyses, situation assessment and emergency program management, AID could provide U.S. Missions with expanded ability to more efficiently respond to famines and other disasters. Such teams would consist of personnel available on a standby basis, ready to fly to a disaster area on very short notice. If the emergency action teams were managed by AID's Office of Foreign Disaster Assistance through indefinite quantity contract mechanisms, the required expertise would be available on an as-needed basis without incurring unnecessary overhead costs or unnecessarily enlarging the AID personnel structure. Emergency action team personnel would have to possess familiarity with Food for Peace emergency food assistance programs.

4. Role of private voluntary organizations

Private voluntary agencies (PVO's) play a key role in less developed countries through emergency and ongoing assistance programs. Many PVO's have extensive networks of counterpart agencies managing agriculture, health and nutrition projects. Because PVO's are established in communities which may be otherwise unserved by national or international organizations, they are equipped to provide more immediate action when emergencies occur. The African drought has demonstrated this reality. It has also demonstrated the need for the U.S. government, international organizations and PVO's to work more closely together in devising solutions to pressing hunger needs.

The Committee's investigations have so far focused on recent PVO activities in Africa. It would also be useful, however, to look, at the capabilities and experience of PVOs in a broader perspective, considering their contributions in other areas of the world.

Representatives of four prominent American PVO's, CARE, Catholic Relief Services, Lutheran World Relief, and Africare—testified at the September 13, 1984 joint hearing of the Select Committee on Hunger and the Foreign Affairs Committee. Each of these agencies is presently operating in Africa and has first-hand knowledge of the emergency situation. The agencies called for additional food and non-food resources as well as quick action by the donor governments. In addition, the representatives of the agencies stressed the need for long-term commitments to the African countries. Robert J. McCloskey of Catholic Relief Services stated, "Donor countries must take a longer look. Effective planning requires a sound strategy and reliable access to resources over an extended period." He suggested multi-year grants to be used to achieve both short-term and long-term objectives.

The 1983 report on the American Council of Voluntary Agencies in Foreign Service lists 49 Sub-Saharan African countries which are assisted by private voluntary agencies' development projects. While these projects may differ in size and purpose, they are making valuable contributions to the social and economic development of Africa.

The Voluntary agencies have provided valuable information on conditions in drought-affected countries. Norman Barth of Lutheran World Relief, who testified at the September 13, 1984 hearing, summarized reports from Lutheran World Relief's overseas staff, as well as the Lutheran World Federation and the World Council of Churches. Mr. Barth gave a country-by-country presentation of conditions in several drought-stricken African countries. This first-hand reporting, when added to government and United Nations reports, paints a clearer picture of conditions in each country. It is a valuable and often overlooked service provided by private agencies.

The PVO community has been instrumental in making the public aware of the needs in Africa, and worked with Congress to encourage appropriation of a greatly needed additional $16 million for logistical support of emergency food programs in fiscal year 1984.

At the September 13 hearing, Dr. Philip Johnston of CARE stated that "the best prevention of future crisis in Africa is development." Dr. Johnston recommended steps to prevent the regular recurrence of food aid emergencies, including prepositioning of food, expansion of port off-loading facilities, emergency food for work projects to repair roads, emergency development programs to expand storage facilities, enhanced communication networks, and emergency repair of host government vehicles.

C. Payne Lucas of Africare stated his concern at the hearing that Africa must be helped to feed itself, and should not be pulled into a false dependency on food aid. He encouraged development activities such as farm-to-market roads, rural storage extension services for training and the strengthening of road, truck and tractor maintenance.

The private and voluntary agencies have a key role to play in meeting the needs of Africa. More voluntary agencies could make large-scale commitment to Africa. With proper and sufficient support, PVO's can provide essential assistance to mitigate the effects of the drought.

5. Food for Peace officers

The present emergency in Africa has demonstrated that there is a need for trained Food for Peace officers to assess emergency needs and manage programs. While it is clear that other AID officials, including Mission Directors, are involved in assessing needs and developing programs, further intensive food aid efforts for the special needs of Africa are essential. Food for Peace officers assess needs, write proposals, negotiate with host governments, and oversee operations. Currently there are only ten full time direct-hire Food for Peace officers in Africa, despite the fact that food aid programs in Africa tend to be more management-intensive than in other areas.

When asked at the September 13, 1984 hearing if additional Africa Food for Peace officer positions were being established, AID Administrator Peter McPherson stated that he envisioned assigning additional Food for Peace officers in the region.

There are several large, complex food aid programs in Africa without full time Food for Peace officers. The burden of administering these programs affects operations both in the country itself and in the Washington office of Food for Peace. When Washington staff fill the newly created positions in Africa, their Washington positions should be filled.

6. Administrative procedures

The Africa drought has focused attention on the need to have a streamlined process for the review and approval of food aid requests. Delays in the approval of requests have occurred for a number of reasons. Assessment of emergency food aid needs sometimes results in a great deal of conflicting information. Major data sources include the U.S. Department of Agriculture (USDA), the Food and Agriculture Organization (FAO), and AID. The Select Committee on Hunger has focused on the importance of prompt assessment of need since without such an assessment, governments cannot make the decisions required to respond to emergency needs. The Committee organized a meeting on August 21, 1984 of representatives of USDA, FAO, and AID to review the present data collection systems and to focus on the need to share data and corrdinate responses.

The Food Aid Subcommittee of the Development Coordination Committee (DCC) reviews all Title II donation programs, both emergency and non-emergency. Although USDA and AID are the key operational agencies, other agencies such as the Office of Management and Budget (OMB) and the State and Treasury Departments are part of the Committee.

In 1983 and 1984, the DCC process resulted in emergency requests being delayed. For example, in fiscal 1984, requests for projects in Ethiopia, Zimbabwe, Lesotho and Mauritania were delayed. The lack of a uniform system for assessing food aid need contributed to the delay.

Many question the role in the emergency approval process of agencies without operational responsibilities for food aid. Some believe that such agencies should contribute overall policy guidance and not be involved in day-to-day allocations within an approved budget.

C. The paradox of hunger: Utilizing U.S. agricultural abundance

1. Introduction

It is a paradox that there are hundreds of millions of hungry people in a world of agricultural abundance. The United States, through its Commodity Credit Corporation (CCC), stores substantial amounts of surplus foods. USDA's Agricultural Stabilization and Conservation Service, which has the responsibility for managing the surplus, reported that its value was $8 billion on June 30, 1984. The largest part of the surplus consists of dairy products.

Many hold that it is in the interest and in the humanitarian tradition of the United States that our national agricultural abundance be used to combat hunger. Senator John Melcher and USDA Deputy Undersecretary Richard Goldberg, among other witnesses, testified to that effect at the September 20, 1984 hearing of the Committee.

Food assistance can have a favorable long-range economic development impact as well as immediate life-saving effects. This has been demonstrated by a 1975 study of food aid by a University of Sussex team, and a more recent review of food aid by the International Food Policy Research Institute (IFPRI) in 1983. These studies show that food aid can reduce strains on a national economy and lower food prices, thus increasing output, employment, and effective demand for food grains in the future. Since poor people typically spend between 60 and 90 percent of their income on food, low priced food raises their real incomes significantly. Lower priced food also significantly improves the nutritional status of children according to John Mellor of IFPRI.

Food aid should enhance the economic development of the less developed nations, and not interfere with the potential for food self-reliance. The IFPRI report concludes that three conditions must be met to ensure that food aid assists development:

The donor must provide food aid reliably so that long-term development programs can be built on it.

The donor should provide significant amounts of food aid so that the country's existing food supplies are substantially increased.

The recipient must give priority to agricultural development to ensure that a long-term, high-employment strategy of economic growth can work.

There are significant barriers to expanding food aid to hungry people even if these conditions are met.

(1) Transportation difficulties.—The cost and difficulty of transporting food is a major impediment to expanding aid programs in much of the less-developed world. A substantial portion of total transportation costs, especially in Africa, is the cost of delivery from ports to program sites. Catholic Relief Services, which has the most extensive programming of food aid in Africa, indicates that costs on a per-metric-ton-per-kilometer basis is between 10 and 28 cents. Costs in areas with geographic barriers such as mountains, or political barriers such as civil conflict may be three or four times higher. In Ethiopia, for example, estimated cost per-metric-ton-per-kilometer ranges from 70 to 80 cents. Robert McCloskey of Catholic Relief Services testified on September 13, 1984 in support of the Presidential intitiative that in-country transport be covered under the Food for Peace program.

(2) Disincentive problems.—Another major area of concern is the potential disincentive effect on local food production. As emphasized by C. Payne Lucas, Executive Director of Africare at the September 13, 1984 hearing, "it is critical that we examine the relationship of emergency food relief, concessionary food sales and food-for-work programs in terms of whether they promote or retard long-term agricultural self-reliance."

Critics of food aid fear that it encourages nations to neglect the development of their own agricultural resources, which is critically important to the poor majority of their rural populations. Some fear that it lowers producer prices in developing countries, contributing to the difficulties of local producers. On the other hand, if food aid expands the productivity of the labor force, it can contribute to economic growth.

Disincentive questions have little immediate bearing in situations of famine, as in Africa.

(3) Nutritional concerns.—Another concern which has been raised is the possibility that surplus commodities may not be appropriate in meeting nutritional needs of the recipient population. As an example, dairy products, which are the most significant part of the U.S. surplus, are not appropriate in areas where there is a high incidence of lactose intolerance, or milk allergies. In a report by the Library of Congress Congressional Research Service, requested by Rep. Cooper Evans of the Select Committee on Hunger, the AID nutrition advisor for Africa states that dairy products could create serious problems in populations which are not used or sensitive to them. This issue was raised at the June 14, 1984 briefing of the Select Committee's International Task Force, and addressed by Dr. Joe Wary of Columbia University and Dr. Michael Gerber of the African Medical and Research Foundation at that time. Other problems with the use of dairy products include the potential for displacing breastfeeding and contamination because of heat and humidity.

The use of U.S. surpluses abroad entails a series of other considerations. For instance, there can be a danger of displacement of traditional foods by newly created demand for imported foods. U.S. surpluses can be used abroad to combat hunger if these nutritional concerns are taken into account.

2. Public Law 480 program

The Public Law 480 program, or Food for Peace, which is the primary means by which the U.S. Government provides food assistance to developing countries, holds a central place in anti-hunger efforts. Enacted in 1954, the program is administered jointly by USDA and AID. Food aid is provided through three different channels:

Title I, a concessional sales program, provides developing countries with long-term, low-interest loans to purchase U.S. food products. In return, these countries agree to self-help measures which can include improved policies and local currency funding for development activities.

Title II, a donation program, provides food aid for poor people and victims of famines and emergencies throughout the world. Title II programs include maternal-child health programs, school feeding programs and "food for work" projects.

Title III, Food for Development, provides food aid as in Title I, but waives all repayment requirements when the recipient countries make specific agreements on development policies and activities.

Under Title IV of Public Law 480 exchanges between American and Third World farmers are encouraged in order to develop people-to-people contacts, exchange basic agricultural technology within similar crop or livestock areas, and create lasting relationships that would continue beyond the assistance offered by such a program. American farmers and Third World farmers often face very different constraints. However, if this fact is taken into account in program design, farmer-to-farmer programs could be valuable.

Public Law 480 incorporates provisions for "self-help" measures in both Titles I and III. Recipient countries agree to undertake such measures as projects to expand food production and improve food storage and distribution facilities. An important provision of law requires that these self-help measures be written so that the needy people will be the major beneficiaries. This provision should be rigorously enforced. Wherever possible, self-help measures should also be verifiable so that developmental impacts of the program can be analyzed effectively.

The primary purposes of P.L. 480 are to promote developmental and humanitarian objectives, U.S. market development goals, and broad foreign policy objectives. Since 1966 the development objectives have been increasingly emphasized. At the Select Committee's September 21, 1984 hearing, Julia Chang Bloch, AID's coordinator of P.L. 480, said that in order to make best use of U.S. food aid programs . . . "AID is placing increased emphasis on efforts to assure that our emergency and regular food aid progams are appropriately targeted, soundly designed and effectively administered—i.e., that food aid is provided to those countries and people in need,

and that systems are adequate to give reasonable assurance that U.S. food aid will actually reach those people in need."

At a meeting hosted by the Select Committee on August 21, 1984 Barbara Huddleston of FAO in Rome stated that world food aid needs are about triple the volume of actual shipments. But, she said, food aid should not be provided unless disincentives to farmers are avoided and new (economic) demand for food by the malnourished is created.

The importance of better coordination among organizations gathering data on food aid needs was agreed to at the August 21 meeting. The International Food Policy Research Institute (IFPRI), AID, USDA, and FAO each estimate food aid needs. Each uses different methodologies and the data is presented in different time frames.

In 1974, the World Food Council adopted a target of 10 million tons of food aid to meet world food aid needs. Approximately 9.6 million tons of cereal food aid was provided in 1984/1985 with 5.5 million metric tons of this amount provided by the United States.

According to the Congressional Research Service, the following amounts of additional food aid are required to meet the nutrition targets of various agencies:

TABLE 3.—ADDITIONAL QUANTITIES OF FOOD AID

	Million metric tons	Millions
1. To meet World Food Conference of 10 million tons	0.4	$106
2. USDA estimated unmet requirement for 1984/1985 [1]	2.1	559
3. FAO/WFP estimated unmet requirement [1]	2.4	638

[1] These are "status quo estimates," that is, the amount needed to maintain current per capita food consumption patterns in less developed countries.

Given the substantial unmet worldwide needs for food aid, efforts to enhance the P.L. 480 program are critically important.

With regard to nutritional effectiveness, many Maternal/Child Health (MCH) programs funded under Title II have as their goal improving the nutritional status of children and pregnant and nursing mothers. A 1982 AID report to Congress discusses the discernable progress in achieving nutritional impacts from some of these feeding programs. In Morocco, for example, a 60 percent reduction in moderate and severe malnutrition was observed. In Chile, the recovery rate for mildly malnourished children participating in the feeding programs was 30–40 percent, and for severely malnourished children 60–70 percent.

An important aspect of development is improving the health of people in less developed countries, not only for the immediate benefits in quality of life, but also for the potential benefits to the overall productivity of the population. Title II long-term feeding programs offer ample opportunities for integration of food aid and primary health care. Food distribution centers can incorporate immunization programs and a range of health care services and community development activities. Dr. Charles Halstead, in testimony at the July 21, 1984 hearing of the Committee, discussed the specific measures which must be taken to break out of the vicious malnutrition/infection cycle discussed earlier in this paper.

A key to effectiveness in food aid programs is facilitating transportation and delivery of the commodities. Witnesses at the September 13, 1984 hearing indicated that more food aid could be distributed if in-country distribution was provided. Philip Johnston of CARe stressed the importance of using food aid . . . "to support the construction and maintenance of farm to market roads." These roads, in turn, can assist in food aid distribution.

In discussing the need for logistical support funding in Africa, Robert McCloskey of Catholic Relief said that such funds would "assist in overcoming the often difficult logistical problems in moving food from a port to the people. We are talking about payment for trucking costs, vehicle rental, spare parts, even tires and tubes." One of the points of the President's Food Aid Initiative announced in July, 1984 was to address the problem of in-country transportation as a priority in emergency food aid to Africa.

In terms of PVO food aid for long-term development, multi-year programming is important to promoting effectiveness. A dependable, predictable level of food resources is necessary to build long-term PVO development programs.

AID's primary objective in food and agricultural development assistance is to help recipient countries to increase food and agricultural production on a self-sustaining basis and enable their hungry and malnourished to obtain the food they need. P.L. 480 is a primary tool to achieve these developmental objectives.

The developmental impact of food aid contributes to income and employment generation here in the United States. The economic growth of less developed countries increases foreign market demand for U.S. farm products. U.S. agricultural prosperity has become closely linked to growth and stability in developing nations, which currently take about 40 perent of our nation's agricultural exports. Today the product of one out of every five U.S. crop acres is shipped to developing countries. These exports to developing countries include 70 percent of total wheat exports, 35 percent of corn, 87 percent of nonfat dry milk, and 74 percent of rice exports.

An important point to highlight is that eight of the top ten recipients of U.S. food aid since the inception of the P.L. 480 program are now the largest commercial customers for U.S. agricultural commodities. Dr. LaVern Freeh, in his testimony on September 21, 1984, pointed out that . . . "currently our earnings from agricultural exports to Korea are about to exceed in a single year the total amount of food aid we provided to Korea over two and a half decades. Now, that's what I call a good investment. And the rate of return is still growing."

Food aid needs to be complemented by local currency. In PVO or government-to-government programs, local currency can be gained by selling part of the food. The financial resources provided by the sale can be used to enhance the effectiveness of the aid. For example, such resources can be used to transport food to people in need. They can also be used to promote long-term agricultural self-reliance by developing credit, marketing, and storage facilities, through such means as food for work programs. Cash inputs are also necessary to integrate health activities into feeding programs and to identify and reach those groups in greatest nutritional need.

Another issue to be considered in the planning and programming of food aid is the use of "spot surpluses." Title II has often been required to use commodities such as raisins, potatoes, and beans which have become temporarily available due to low prices and high supply in th U.S. domestic market. These additions can displace regular commodities and disrupt carefully planned programs. The use of these spot surpluses in Title II should not reduce resources available for regular programs or negatively alter the carefully planned nutritional objectives of the program.

3. Sectioon 416 Surplus Commodities Program

Section 416 of the Agricultural Act of 1949 provides for the domestic and international use of surplus U.S. farm commodities. A 1983 revision of Section 416 allows federal donations of surplus dairy commodities internationally. The intent of Congress in enacting this authority wa twofold: (1) reduce costly Commodity Credit Corporation stocks of surplus dairy commodities and prevent waste; and (2) provide another program vehicle by which the U.S. Government can alleviate hunger in the Third World. Section 416 donations may be made directly to foreign governments or to PVO's for distribution overseas.

In April 1984, Section 416 was again revised to include surplus wheat in addition to dairy products, and to allow for foreign donation, sale, or barter as determined by the Secretary of Agriculture. Senator John Melcher of Montana, an active proponent of the use of Section 416 for these purposes, expressed his concern regarding the underutilization of U.S. agricultural surpluses at the September 20, 1984 hearing: "It is really a puzzle, a dilemma, that the mountains of agricultural surplus commodities in the United States are not used for the alleviation of problems of world hunger and malnourishment."

Since the 1984 changes inthe legislation USDA has been reviewing when such sales and donations are appropriate. It remains unclear to what extent USDA will use wheat under this program. USDA Deputy Undersecretary Richard Goldberg stated at the Sept. 20, 1984 hearing that "USDA. . . . has agreed to consider on a case-by-case basis barter and sales of dairy products under Section 416. Whether wheat will be provided for Section 416 will be considered on a case-by-case basis." In a letter dated December 5, 1984, the Secretary of Agriculture stated that . . . "wheat has been determined available for Section 416 foreign donations".

USDA has yet to issue guidelines for the use of Section 416 for international development projects. Witnesses at the Sept. 20, 1984 hearing expressed confusion about procedures governing approval of requests for Section 416 commodities projects. Lawrence Harrison of the Cooperative League of the United States (CLUSA) characterized the problem: "Under Section 416 . . . provision was made to allow for monetization of surplus dairy and wheat commodities to help the needy

around the world. However, Mr. Chairman, I must say that the slowness of the U.S. Department of Agriculture to promulgate the necessary implementation regulations has resulted in the loss of a lot of time and opportunities both to promote lasting development in poor countries and to reduce U.S. surplus stocks."

Witnesses from private and voluntary organizations have testified before the Select Committee on Ways they would like to utilize currency made available by sale of commodities through the 416 program, such as financing in-country distribution costs, and related health, sanitation, and nutrition education measures. One example of such a project was described by LaVern Freeh, Vice President for International Development and Governmental Affairs at Land O'Lakes, Incorporated, a food and agricultural cooperative in the Midwest. Its project in Jamaica currently uses proceeds from the sale of dairy commodities under Title II of P.L. 480 to finance nutrition and agriculture programs. If commodities could be made available under the authority of Section 416, this would reduce the burden on Title II and provide an alternative funding source for such projects.

While the laws permits wheat to be used in addition to dairy products in section 416 programs, there have been no programs approved to date. Patrick Healy, Executive Director of the National Milk Producers Federation at the Sept. 20, 1984 hearing stated, "America has the abundance to feed ourselves, to provide for international markets, and to provide relief for the world's poor. Our current surpluses, especially in the dairy sector, hang over our own domestic market and create a public pricetag for storage. The legislative mechanisms exist on the books to move this product into the hands of the needy overseas. The voluntary organizations are in operation with an unquestioned history of success standing ready to move the products and distribute them within less developed nations. All we need now is the will to do it."

D. Productivity and income of the rural poor

1. Introduction

Increases in aggregate food production and supply often do not in themselves address the problems of persistent hunger and malnutrition. The root cause of hunger and malnutrition in the world is poverty. An increase in the real income of the poor would enable them to produce or purchase an adequate food supply. Exacerbating the problem of poverty is the increasingly inefficient use of some areas of cropland and forest which contributes to desertification, soil erosion and lost agricultural productivity.

Among the most effective measures to assist the rural poor is increasing the availability of credit to small farmers and landless laborers. Because of the vital connection between increasing the income of the rural poor and reducing hunger and malnutrition, expansion of such credit programs is an important area to pursue.

Appropriate technological transfers which would positively affect local food production and distribution must also be seriously addressed. In Africa, agriculture continues to employ some 70 percent of the people. Yet the continent is experiencing a per capita food production decline of roughly 1 percent annually. Any technology transfers must be appropriate for the rural poor to measurably reduce the prevalence of hunger and malnutrition.

Historically, agricultural assistance programs funded by the U.S. Government have focused on technical assistance, supply of commodities and equipment, and on training programs. Such programs have often tended not to benefit the poorest people. Methods of better reaching those in most need will have to be explored if agricultural assistance is to increase the productivity and income of small farmers and landless laborers in Africa and elsewhere. Another key step is to increase incentives for farmers to maximize their production.

The role of women in the food production process is crucial, particularly in Africa, yet few programs address increasing the income of female agricultural laborers. The "Women and the International Food System: The Next Step" seminar, co-sponsored by the Select Committee on Hunger on October 3, 1984, examined options to enhance the status of women in the rural areas of developing countries. Addressing the seminar, Rep. Virginia Smith (R-NE) praised the efforts of the voluntary agencies and their role in integrating women into the food system. Rep. Smith noted that the improvement of the status of women in agriculture in the United States took many years, citing as an example the struggle to extend credit to women. The seminar participants examined current AID programs designed to facilitate the integration of women into the food system including combining home economics and agricultural training. The entire area of the role of women in combatting hunger and malnutrition requires expanded attention.

2. International Fund for Agricultural Development (IFAD)

IFAD, the International Fund for Agricultural Development, was established as a result of recommendations from the United Nations World Food conference held in Rome in 1974. IFAD places a clear emphasis on the objectives of reducing poverty, improving nutrition and increasing food production in low-income countries. It channels its resources to the poorest segment of the rural population including small farmers, tenant farmers, landless workers, small artisans, and poor fishermen. IFAD also works to encourage recipient countries to introduce policy changes favoring the rural poor. It provides concessional loans for projects which are cooperatively managed with other international funding and technical assistance programs such as the World Bank, United Nations Development Program (UNDP) and the Food and Agriculture Organization.

IFAD seeks both to promote more rapid agricultural growth in low-income, food-deficit areas and to create employment among the small farmers and landless laborers so that they can meet their basic needs. Projects often focus on village groups, providing credit to farmers who are prepared to organize themselves and accept responsibility for new facilities and improved farm inputs.

IFAD has an interesting and unique tripartite structure. Two categories of donors, Western industrialized countries and OPEC donor countries, supply the resources. The program decision-making is shared equally between three groups of countries, the two groups of donor countries, and the group of beneficiary countries.

IFAD has diversified its lending among many sub-sectors in agriculture. It has financed credit, irrigation projects, livestock development, fisheries, and research, extension and training.

IFAD has financed on its own, or co-financed with other donors, 152 projects in 83 countries at a total level of about $8.2 billion, of which its share is $1.9 billion. Of the total loans, almost 70% have been given on highly concessional terms, mostly to low income countries with a per capita income of less than $300 (1976 dollars).

A September 1984 report states that the increase in food production expected from 152 IFAD projects so far approved should be more than 20 million tons of wheat equivalent each year. It further estimates that seven and a half million farm families, representing 20 million people, would benefit, most of whom are too poor to meet their nutritional needs. The increase in food production anticipated, when all IFAD-supported projects are fully implemented, should be approximately one quarter of the 1981 cereal deficit in all developing countries. This increased food production is expected from projects in low-income, food-deficit countries, and from programs targeted to the poorest in more developed countries.

It is estimated by IFAD that 72% of their projects will increase beneficiary incomes by at least 50%. IFAD's projects are expected to create 311 million person-days of work a year, largely in Asia where the need to increase employment opportunity for the landless is very great. Furthermore, a World Bank study has found that the number of direct beneficiaries from the projects it funds cooperatively with IFAD has been exceeding the estimates made at the appraisal stage. Average cost per direct beneficiary of IFAD-supported projects is about $890, which is comparable with projects financed by other multilateral and bilateral donors.

IFAD has supported many innovative approaches to provide credit to small farmers and landless laborers. One example of a successful IFAD project is the Grameen (village) Bank Scheme in Bangladesh. It provides institutional credit to landless men and women. It funds groups engaged in productive activities such as agriculture and forestry, livestock and fisheries, processing and manufacturing, trading and shopkeeping or transport services. It has established 102 branch banks and assisted over 100,000 landless people to increase their output and incomes. The rate of loan repayment is reported to be 96 percent. Furthermore, the government of Bangladesh has decided to set up the Grameen Bank as a permanent institution on a nation-wide basis.

In October 1984, the last of the U.S. contribution of $180 million for the first replenishment of the fund was paid. Negotiations for a second replenishment of the Fund are currently underway between the U.S. and other Western donors and OPEC. Past delays on the part of the U.S. government in fulfilling its obligations to IFAD add to uncertainty in the negotiations over future year commitments.

Norman Barth, Executive Director of Lutheran World Relief, at the September 13, 1984 hearing called for . . . "The U.S. (to) take the lead in putting IFAD, which allocates about 40 percent of its resources to Africa, on firm financial footing. We would favor replenishment at a level resulting in a U.S. contribution of no less than the current $180 million over three years, although we acknowledge that the reduced OPEC share might require reductions below that level."

3. Role of other multilateral development organizations

Many of the United Nations' organizations—specialized agencies, regional commissions and other bodies—as well as the large international multilateral development banks, have programs and policies which relate to the problem of world hunger. Examples of programs which address hunger issues are UNICEF's primary health care program; agricultural development projects of FAO and the World Bank; IFAD's income-generation projects; and food for work projects of the World Food Program. TABLE 4 indicates the flow of multilateral development aid to agriculture as compared to the amount given by the United States Agency for International Development. It should be noted that AID has an excellent track record in terms of providing funds for agricultural development.

Some examples of successful multilateral anti-hunger programs were cited at the tenth anniversary meeting of the World Food Council, held in June 1984. They included:

In Mexico, a basic urban services program incorporating a maternal-child food and health program funded by the United Nations Children Fund (UNICEF);

In Somalia, an International Development Association project in fisheries to provide alternative food supplies and supplement local diets.

The international development agencies have helped to provide technical and financial resources in order to help developing countries improve their food and agricultural sectors. Greater attention is now being given at the national level to the role of food policy and the larger macro-economic environment in which the food section must operate. At the September 13 hearing, AID Administrator Peter McPherson discussed U.S. Government support for the National Food Sector Strategies of the World Food Council. A Food Sector Strategy involves a comprehensive examination of a country's food situation—needs, supply, potential for increasing food production, storage, processing, transport, distribution and marketing facilities, legislative and administrative policies affecting food, availability of inputs (including seeds and fertilizers), infrastructure (including irrigation networks and roads), technology, research, training and manpower in the food sector, and the ability to meet food emergencies.

Norman Barth, Executive Director of Lutheran World Relief, and other PVO witnesses testified at the hearing on Sept. 13, 1984, calling for increased U.S. cooperation with multilateral development organizations. Improved procedures for coordination are important in formulating and administering international development projects in agricultural development. Ministers of Agriculture at the 10th World Food Council Ministerial meeting this year stressed that this approach is absolutely necessary to ensure that the most effective use is made of these programs in working for the benefit of poor and hungry people.

TABLE 4.—MULTILATERAL INSTITUTIONS COMPARED TO U.S. AID DEVELOPMENT AID TO AGRICULTURE

[Average annual volume of agricultural development aid in millions of dollars and agricultural development aid as a percentage of total aid]

	1970–72		1978–80		1982–83	
	Amount	Percent	Amount	Percent	Amount	Percent
World Bank/IDA	$423	16	$3,083	31	$3,388	25
Inter-American Development Bank	153	22	513	25	522	21
Asian Development Bank	30	11	397	31	582	34
African Development Bank/Fund			87	28	94	27
International Fund for Agric. Development (IFAD)			284	100	326	100
AID	187	32	673	53	700	55

Source: U.S. Congress. House Committee on Foreign Affairs. "Feeding the World's Population: Developments in the Decade Following the World Food Conference of 1974." 98th Cong., 2nd Sess., October 1984. Washington, U.S. Govt. Print. Off., 1984. p. 250.

4. Role of U.S. private sector

There is a growing recognition that skills which are critical to the success of programs to enhance food production, employment, and the quality of life may reside in the private sector. Rural development programs often fail for lack of skills essential to strong business institutions: management, technological knowledge, and marketing expertise.

Increased food production is a key area where private sector involvement could make a difference. In most developing countries, agricultural production is carried out largely by individuals and small family farms rather than by the government. According to AID, about 80% of the world's agricultural production originates on family-fun farms. The main instances of public or government production are in export crops, where previously foreign-owned estates have been nationalized.

Dr. LaVern Freeh of Land O'Lakes at the September 20 hearing discussed the role of the private sector:

> The solution . . . lies in our ability to assist and encourage the developing countries to meet more of their food needs themselves. To accomplish this they must be encouraged and assisted to do away with policies which create disincentives for farmers and discriminate against rural development and rural employment; they must be encouraged and assisted to do a better job of producing, storing and distributing their own food and at the same time develop their economies so they can buy whatever food they cannot produce.

Private sector involvement may not always be the optimal solution. Technology developed by multinational firms for poor countries often emphasizes capital-intensive inputs rather than technologies more appropriate to the needs of low resource producers. Successful private sector initiatives generally have been in the wealthier developing countries with better infrastructures, more developed markets and greater political stability.

Walter Minger, formerly with the Bank of America, in a statement submitted to the Select Committee following the July 21, 1984 hearing in Davis, said: "Opportunity to increase income must be provided because it is the only practical way to attack the problems of inadequate diet." He provided examples of successful private sector programs which raise the income levels of previously desperately poor landless people and smallholders, which in turn increases family income, providing a better diet and improved health care. They include, for example, an integrated poultry enterprises project in Turkey to improve the income of poor farm families.

AID cites additional examples, such as a pig-raising project in Thailand in small villages with U.S., Thai and other Asian-based companies; and a high-yield corn seed project in the Philippines.

The Presidential Agricultural Task Force, announced by President Reagan at the Cancun Summit in 1981, has sent high-level teams of business executives from the agricultural community to work with Third World governments in promoting private sector investment in agricultural development in their countries. To date they have visited Peru, Thailand, Liberia, Venezuela, Honduras, and Guinea. A former AID official and a member of some of these teams, Dr. Charles French, made the following comment at the July 21, 1984 hearing in Davis:

> The problems that were of high priority in those countries in agriculture, quite often dealt with the private sector, either in education for the local private sector, management training, or the developing of marketing. These farmers, particularly poor farmers, developed their standard of living, their production and had a market in which they could move it.

While efforts are presently underway to involve the private sector in food and agricultural development to alleviate hunger, more can be done to facilitate this involvement.

E. The participation and awareness of Americans

1. World hunger education

In 1980, the Presidential Commission on World Hunger recommended that more education on world hunger issues be provided at all levels of formal education. The Commission concluded that a better educated public is essential if the U.S. is to continue to help find solutions to global hunger problems. Following the Commission's work, a program to support the world hunger education efforts of non-governmental organizations was instituted under the Biden-Pell Amendment. This program has grown significantly and has succeeded in raising the awareness of many Americans. However, much remains to be done.

At a hearing held on July 21, 1984, the Select Committee on Hunger focused on the role of educational institutions in alleviating world hunger. Each witness, including an elementary school teacher, a sixth grade student, a representative from the California State Department of Education, the Director of Curriculum Development for Food First Institute, and the Co-Director of Global Perspectives in Educa-

tion, testified on the lack of education available to students and teachers on world hunger issues.

According to testimony, this can be primarily attributed to inadequate teacher-training at the post-secondary level on world hunger and international issues. Ms. Joyce Buchholz, Co-Director of Global Perspectives in Education and Co-Director of the World Affairs Council, told the Committee that post-secondary teacher-training programs offer little exposure to world hunger and international studies. According to the President's Commission on Foreign Language and International Studies, no more than five percent of prospective teachers take college-level courses relating to international affairs or foreign cultures as part of their professional preparation.

Dianne Brooks, Manager of the History and Social Studies Unit of the California State Department of Education, informed the Committee that the textbooks currently available are often out of date. In addition, textbooks which address world hunger often reinforce common misconceptions about the causes of hunger. Judith McGovern, an elementary school teacher dedicated to teaching students about world hunger, testified that the majority of textooks which address world hunger focus primarily on overpopulation and scarcity of food as the root causes of world hunger, and often do not address other hunger issues such as absolute poverty and poor food distribution.

An informal survey of eleven California school districts, conducted by the California State Department of Education for the Select Committee on Hunger, revealed that hunger was not generally included as a major curriculum topic within a course of study. Further, the California survey showed that emphasis at the classroom level, beyond the limited information in textbooks, depended largely on the interest, knowledge, and outside resources of the teachers. The survey did find, however, that where world hunger was taught, students were receptive and very interested in the subject.

At the Committee's July 21st hearing, Food First Institute presented a sixth grade curriculum which addressed the many causes of hunger and educates young people about the importance of helping to find solutions to world hunger. (The curriculum is published in its entirety in the July 21, 1984 hearing record). When asked by a Member of the Committee why his teacher wanted him to learn about world hunger, one of the sixth grade students participating in the Food Firsts curriculum said, "She wants us to learn because if we are educated about it, maybe when we grow up and turn into people like you, we'll make changes and make the world better."

Othe citizen groups and voluntary organizations such as Global Perspectives in Education, Church World Service, The Hunger Project, Bread for the World, Overseas Education Fund, InterAction, and othe organizations have also made a contribution to educating Americans about world hunger problems. Church World Service, in connection with World Food Day, designed elementary and secondary education curriculums to teach students about the importance of food, the number of the world's people who are hungry and where they live, and, equally important, to teach students how they can make a difference.

The ultimate responsibility for better educating American young people about the problems of world hunger rests with local school boards and most importantly classroom teachers. The contributions of citizen groups and voluntary organizations are to be commended. There is also however, a supporting role for the Federal government.

Within federal legislation on aid to education there are programs which can be expanded to promote the development of world hunger education teaching aids and provide additional training for prospective teachers on world hunger issues. Chapter 2 of the Education Consolidation and Improvement Act of 1981 allows states and local education agencies to use lock grant funds for developing and strengthening programs of particular benefit to their students. Subchapter (C), "Special Projects," provides a list of curriculum topics on which funds may be expended. Subjects on the list include consumer education and population education. World hunger education is not currently on the list.

The Higher Education Act of 1965 authorizes a broad range of post-secondary assistance programs to benefit students and educational institutions. Under Title VI, International Education Programs, Section 604, federal grant assistance is authorized to institutions of higher education to assists them in the planning, developing, and carrying out of comprehensive programs to strengthen and improve undergraduate instruction in international studies and foreign languages. No grants focusing primarily on world hunger education are now ongoing under this program.

2. Role of the Peace Corps and Land Grant Universities

Poverty-oriented development which helps people meet their basic needs at the village level is essential to combatting hunger throughout the world. Activities such as the utilization of local technology and resources to increase food production, income generation to increase the purchasing power of the poor, and the institution of basic health measures such as oral rehydration therapy, breastfeeding, and immunization are vital in helping to fight poverty and hunger.

There are a significant number of Peace Corps volunteers currently working in poverty-oriented development assistance. The Peace Corps, however, needs to have more volunteers working in these areas in order to strengthen its contribution to the alleviation of world hunger. Peace Corps statistics show that eight percent of Peace Corps volunteers are working in food production projects, while forty percent are working in teaching projects. Seven percent of Peace Corps volunteers are working in income-generation projects and twenty-five percent are working in health and nutrition. In addition, even though participation in the Peace Corps has always been open to all Americans, minority participation has been low. At present, only seven percent of the 5,476 Peace Corps volunteers are minorities.

The Peace Corps is attempting to better address the needs of the village with its newly proposed African Food Initiative. This "village teams" program is designed to assist countries in reversing the decline in per capita food production. Peace Corps volunteers are to work with small farmers to transfer skills and appropriate technologies.

Land grant universities with their significant research and training capabilities, could provide training to assist the Peace Corps in its efforts to strengthen village-level development assistance. It would be possible to provide grants to individuals for undergraduate and postgraduate training in the development field, with grant recipients serving in the Peace Corps in return. Educational exchange programs between American students at the Land Grant universities and students from the developing countries would also be possible.

The Select Committee on Hunger, on July 21, 1984, held a hearing that focused in part on the kinds of research and technical training the universities perform to contribute to poverty-oriented development assistance. Collaborative Research Support Programs (CRSP), are one of the ways land grant universities can contribute to the subsistence farmer. One such program observed by the Committee in Davis, is designed to improve the productivity of small ruminants (dairy goats). Most small ruminants are owned by farmers with very limited resources. The Committee learned that the low maintenence costs of such livestock place them within the economic reach of subsistence farmers. Making the results of such research available through the work and enthusiasm of Peace Corps volunteers could provide an important additional food resource to less developed countries.

CHAPTER 2: HUNGER IN THE UNITED STATES

I. Hunger in America

A. Indicators of the existence of hunger

1. Introduction

In the 1960's, a number of private, governmental, and Congressional groups investigated poverty and hunger in this country. As a result of their findings, many Americans began to see for the first time the severity of the problems encountered by the needy and underprivileged. It became clear during that time that large numbers of people in this country did not have enough to eat.

Partly in response to these findings of hunger in America, a White House conference on Food, Nutrition, and Health was convened. According to a 1970 report of the Conference, "one of the basic causes of malnutrition and hunger in the United States is poverty. Millions of Americans, of all ages and in all parts of the Nation simply do not have enough money to buy what they need in order to live healthy, productive lives."

As a result of the concern about these problems, a strategy was initiated to deal with this basic problem of poverty. This strategy focused on increasing the buying power of poor Americans so that they could purchase more food and other essentials. The primary components of this anti-poverty effort included expansion of the Food Stamp Program, increased Federal assistance for child nutrition programs, and pilot projects which employed use of food certificates for such groups as pregnant women and infants.

Throughout the decade of the 1970's, the investigation of hunger continued. Private groups, such as those funded by the Field Foundation, revisited sites covered in earlier studies. They found that the Federal anti-hunger programs had succeeded in alleviating some of the worst aspects of the hunger problem, but that some groups remained vulnerable. At the Select Committee hearing on June 25, Dr. Aaron Shirley, a Mississippi physician who had participated in two major investigations of hunger, stated that while poverty and hunger conditions exist today, the "overriding factor" contributing to the improvements which were achieved were "due to the combined benefits of the various food assistance programs put into place during the past decade."

In the 1980's, the issue of the existence of hunger in this country was once again brought to the forefront of public attention. Although the economy has been improving and the unemployment rate has dropped, poverty rates have increased and private sector anti-hunger programs have experienced great demand for food. In response to increased need due to economic factors, federal food assistance spending increased, reaching $19.4 billion in 1983. This situation—a significant federal commitment to food assistance, yet an increase in reports of hunger—illustrates the complexity of the domestic hunger problem.

2. Economic factors affecting hunger

According to Census Bureau data, in 1983 15.2 percent of Americans—35 million people—were living in poverty. This number is the highest since 1964 and the highest rate of poverty since 1965.

For certain demographic groups, poverty rates are even higher. For example, 35.7 percent of the Black population and 28.4 percent of the Hispanic population lived in poverty in 1983. During that year, as in the preceeding few years, children fell disproportionately into poverty compared to other age groups. In the 0 to 5 age groups, 1 in 4 children lived in poverty. Nearly 1 in 2 Black children and 2 in 5 Hispanic children lived in poverty.

Some critics argue that the present method of measuring poverty, developed in the early 1960's, is outmoded and in need of revision. The current method is based on the assumption that families spend about one-third of their income on food and calculates the poverty threshold by multiplying by three the amount of money needed to purchase USDA's lowest cost diet. The majority of Federal expenditures intended to assist the low-income population are now concentrated in programs that provide in-kind or non-cash benefits. There is now a debate on how to value such benefits in calculating the proverty rate.

The availability of employment is one of the factors affecting poverty rates. Between 1973 and 1983, the nation's unemployment rate rose from 4.8 percent to 9.5 percent. In September, 1984 the overall unemployment rate had declined significantly to 7.1 percent. The number of individuals covered by unemployment insurance, however, had declined dramatically—over 70 percent—the highest percentage recorded in the history of unemployment benefits. This was partly due to increases in unemployment and changes in eligibility.

Many of those persons affected by high rates of unemployment, reductions in unemployment benefits, and fewer weeks of coverage, have been joined together to create the class today recognized as the "new poor."

Various Federal programs play a large role in determining the standard of living of the poor. Many programs have suffered a real decline in the benefit levels they provide. Reduced benefits from one program are not necessarily offset by benefits made available under another program.

The difficulties facing people in poverty have been compounded by the inflation of housing and utility costs. Utilities and housing are basic necessities which compete with food expenditures in an individual's budget. According to the U.S. Council of Economic Advisors September, 1984 report entitled "Economic Indicators", from 1974 to 1983 utility and housing costs rose 132 percent. The inflation of these costs puts a particular burden on those at or below poverty. As a result, if the poor spend more of their income on heating and shelter, they generally have less available to spend on food. It should be noted that recently inflation rates have been reduced.

3. Increased demand for emergency food assistance

The President's Task Force on Food Assistance found that private charitable organizations are increasing their role in the food assistance network for low-income persons. Information based on State and local surveys, Congressional hearings, and a GAO report have documented an increased demand for emergency food assistance faced by the growing network of private charitable food providers. At the July 23,

1984 San Franciso hearing, the Committee received testimony from Ms. Jan Hartsough, Chair of the Mayor's Task Force on Food and Hunger, attesting to the growth in the demand for emergency food assistance in her city. She testified that "dwindling Federal food assistance, chronic unemployment and under employment, and the high cost of living, translates into a dramatic increase in the need for local food assistance." Private sector efforts are an important way to help meet this need. Ms. Hartsough stated that the St. Vincent de Paul Society was serving approximately 25,000 meals per month in July 1984. Father Floyd Lotito and Reverend Cecil Williams—both directors of church-affiliated emergency feeding centers—testified that they had experienced a substantial growth in the number of meals that they were serving each month. It is clear that the recent recession played a role in increased demand for emergency food assistance.

A 1983 report issued by the U.S. Conference of Mayors revealed that in the eight major metorpolitan areas surveyed, demand for emegency food assistance increased an average of 71 percent between 1982 and 1983. A report issued by the Texas Senate Interim Committee on Hunger and Nutrition discusses a statewide survey of 1,893 providers of emergency food assistance. According to this survey, in 1980 the service provider reported having served 889,303 persons. "In 1983, that number had grown to 1,874,672 persons. Service in the first half of 1984 indicates that the need is still growing. Respondents report receiving over 70,000 requests for food each month and had to turn away at least 20,000 of these."

A second U.S. Conference of Mayor's report, issued in September, 1984 entitled "Survey of Human Services in the Nation's Principal Cities," reported that the demand for emergency food assistance has continued to increase during 1984 in nearly three out of four cities responding to the survey. In the 83 cities in the 27 States that responded, the existing services are unable to respond to all those requesting food assistance. The Conference of Mayors' report estimated that, on average, 25.1 percent of the demand for emegency food assistance is unmet. Furthermore, over half of these cities anticpate the demand for emergency food assistance will increase during 1985.

A portion of this increased demand for emergency food assistance may be due to increased outreach efforts by private charitable feeding programs. However, the numerous and consistent reports of this demand demonstrate that there is an increase in the need for food assistance. a 1984 report issued by the Michigan Department of Public Health states "when a family of four depending upon ADC (Michigan's Aid to Dependent Children Program) and food stamps to meet their food, shelter, clothing, and personal needs receives an income equal to 75 percent of the national poverty level, the emergency food provider is the only refuge from systematic deprivation and hunger that they have."

Health indicators of hunger

(a) Low birth weight (LBW).—Women who have inadequate food intake before and/or during pregnancy are at greater risk of delivering a LBW baby (less than 5.5 pounds). Inadequate nutrition is not the only cause of LBW. Other factors which place women at high risk of delivering a low bith weight baby include late or no prenatal care, smoking, poor medical history, and teenage pregnancy. Poor nutrition does play a key role, however. For example, research by the Milbank Fund reports that poor nutrition is associated with 57% of LBW in Black newborns.

The U.S. Surgeon General in 1980 declared that "low birth weight is the greatest single hazard for infants . . ." At the Select Committee hearing in San Francisco, Ms. Lois Salisbury of Public Advocates reported the organization's review of literature on the health ramifications of LBW. She referred to findings that LBW infants are at greater risk of suffering severe physical and developmental complications such as: mental retardation, birth defects, delayed speech, blindness, autism, cerebral palsy, epilepsy, learning difficulties and chronic lung problems. Ms. Salisbury also reported that according to DHHS data, LBW is associated with ⅔ of all deaths in the first 28 days of life and over ½ of all deaths in the first year of life.

While not all cases of LBW can be prevented by nutrition services during pregnancy, research indicates that increased food intake during pregnancy improves pregnancy outcome. Research conducted in the U.S. and Canada has consistently found that when nutrition supplements are provided to low-income pregnant women, birth wieghts tend to increase and LBW rates come down. Diet supplementation programs in the U.S., such as the Supplemental Food Program for Women, Infants, and Children (WIC), have produced statistically significant improvements in infant birth weight and LBW rates.

Rates: Although U.S. LBW rates have improved steadily since the early 1960's, the improvement rate is now slowing down. In 1982 there were still nearly one quarter million (248,104) infants born at LBW, equivalent to 6.8% of all births. In 1981, the latest year for which final U.S. race-specific natality statistics are available, the rate of LBW among Blacks, Native Americans, Filipino, and "other Asian or Pacific Islanders" was greater than that among Whites. According to the Final Natality Statistics of the National Center for Health Statistics (NCHS), the LBW rate for Black infants was more than twice the rate for White infants. In 1982, 12.4% of White infants were born LBW, compared to 5.6% of White infants. It should be noted, however, that over the long term LBW rates for Blacks as well as Whites have been declining.

(b) Infant mortality.—Many infant deaths can be prevented with adequate nutrition and prenatal care. The rate of infant deaths per 1000 live births in a region is one indicator of the prevalence of inadequate nutrition and/or inadequate health care for women and infants in that region. It must be noted that infant mortality rates (IMR's) are not the sole predictor of hunger; nor is hunger the sole predictor of IMR's. Other factors associated with infant mortality include late or no prenatal care, teenage pregancy, poor medical history, and birth defects.

Rates: The National Center for Health Statistics Final Mortality Statistics of 1981 documented that in the U.S. 42,235 infants died before their first birthday. There has been a continuing decline in IMR's nationally over the past two decades. However, according to UNICEF, 15 countries—11 of them with lower per capita GNP than ours—have lower IMR's than the United States.

National statistics on Black and Native American mortality reveal that these infants are dying at greater rates than the national rate for all races. Black infants, in particular, are at greater risk. According to NCHS annual mortality reports, despite improvements, infant mortality for Blacks remains approximately twice as high as that for Whites: in 1977, there were 23.6 deaths per 1,000 live births among Blacks, versus, 12.3 deaths per 1,000 among Whites. In 1981, the latest year for which final national IMR's are available, the IMR for Blacks was 20.0, versus 10.5 for Whites.

(c) Growth Stunting Among Infants and Children.—Growth stunting is the condition of a child's height for age being below the normal range. Stunted growth is a primary medical indicator that a child as been chronically malnourished during early childhood.

Rates: The 1981 Centers for Disease Control (CDC) Annual Pediatric Nutrition Surveillance System collected growth stunting data on low income children entering public health programs. The results showed a trend toward a modest decline in the prevalence of growth stunting among this population between 1977 and 1982. The Director of CDC's Division of Nutrition reports, however, that the 1982 Pediatric Nutrition Surveillance data of growth stunting "indicate that children from generally low-income families attending publicly supported health services are at greater risk than the reference population of having nutritional abnormalities." He also reported that "Native Amercian and Hispanic children show the highest prevalence of stunting." Among Native American and Hispanic four-year-olds, nearly 1 in 6 low-income children surveyed were growth stunted.

A recent State nutrition survey found high rates of growth stunting among low-income children. *The 1983 Massachusetts Nutrition Survey* conducted by the Massachusetts Department of Public Health surveyed 1429 low-income children (ages 6 months through 6 years) who attend community pediatric health-care facilities. The population sampled for this survey was not representative of all children in Massachusetts. The Department states that "the survey targeted those individuals who, because of their socio-economic status, are most likely to develop nutritional deficiencies." It reported that: "Chronic malnutrition is a significant public health problem in low-income preschool children in Massachusetts. In the population sampled, 9.8% were identified as having low height-for-age levels (growth stunting), a measure of chronic malnutrition."

At the Committee hearing in San Francisco, research was presented on the correlation of growth stunting to poverty, not race, among Mexican-American children. Dr. Fernando Mendoza, a pediatrician/nutrition researcher from Stanford University School of Medicine, testified on preliminary research findings which reviewed the DHHS National Health and Nutrition Examination (NHANES) data. He found more growth stunting among Mexican-American children than the population at large. These research findings "seem to indicate that these observed differences in growth are secondary to socioeconomic status rather than genetic background." Specifically, the study found that: "Once the family income was one and a half times above the poverty line, these growth differences were no longer present."

(d) Other indicators of hunger among vulnerable groups.—Iron-Deficiency Anemia: Anemia is a pathologic condition in which there is an abnormally low concentration of hemoglobin, the iron-carrying component of blood. The most common test of iron deficiency is a blood test which determines the hematocrit level in red blood cells. For poor women, infants, and children, the nutrition science literature consistently finds that anemia is primarily associated with iron deficiency, not disease. An iron-deficient diet may result from inadequate total food intake and/or improperly balanced food intake. Those afflicted with anemia may suffer from listlessness, fatigue, decreased resistance to infection, muscle fatigue, and, among children, impaired cognitive development.

Rates: In 1981, the CDC Pediatric Nutrition Survey reported that among children 2 to 5 years of age, over 10% of White low-income children had hematocrit levels below standards. The *1983 Massachusetts Nutrition Survey,* mentioned above, reported that 1 in 8 low-income preschool children sampled were anemic.

Further examination of the national CDC data reveals that the risk of anemia related to hunger as more prevalent among low-income Black, Hispanic and Native American 2 to 5 year-olds than their White counterparts (1 in 7 children, 1 in 6, and 1 in 8 respectively, vs. 1 in 9 White children).

Inadequate Food Intake: The most direct indicator of hunger before it has manifested itself in diagnosable health problems is inadequate food intake. Chronic dietary deficiencies lead to low body-nutrient stores, which can result in increased susceptibility to infections and the other health consequences of hunger.

Dr. Mendoza, at the San Francisco hearing, remarked that even short periods of hunger or undernutrition may have a long-term impact on growing children. He reported that families toward the end of each month may not have "enough resources to maintain adequate food supplies for good nutrition." They may "anticipate the lack of resources towards the end of the month and, therefore, decrease their caloric intakes throughout the month. For example, some mothers may dilute their infant's formula in order to have it last twice as long. In older children they may use the powdered milk at a less concentrated level so that the supply will last longer." Rates: USDA's 1979–1980 Low-Income Household Food Consumption Survey found that although Food Stamp Program participants averaged equal or higher intakes relative to the Recommended Dieteary Allowance (RDA) for food energy and seven of the 11 nutrients surveyed, over one-fourth of the households did not consume sufficient calories to meet their recommended dietary needs.

B. People Most Vulnerable to Hunger

1. Poor women during the childbearing years, infants, children and older adults

Women during their childbearing years require extra iron to maintain good health status. To decrease the risk of delivering a LBW infant, a woman must enter pregnancy well nourished and gain adequate weight while the fetus is developing. Also of great concern are poor pregnant adolescents who are at particular health risk if they have inadequate nutrient intake. The nutrients needed for pregnancy are superimposed upon the nutrient needs for the adolescent growth spurt. The needs of pregnant adolescents for calories and nutrients are higher than their peers' and are even more critical than the increased needs of poor adult pregnant women.

Adequate nutrition is also particularly important for women who breastfeed as they require extra calories, protein, and certain vitamins and minerals to produce breastmilk and maintain their own health status. If a woman's diet is inadequate during lactation this can be damaging to her own and her infant's health. Infants are among the most nutritionally vulnerable of all age groups. They are in the fastest period of growth and development in the life cycle and are most susceptible to infections.

Children also must have adequate nutrition to achieve their full growth potential and decrease the severity of infections if they become ill. Early childhood is a critical period of development, making children from age 1 to age 5 particularly vulnerable to hunger.

The effect of short- or long-term hunger during childhood on brain development is also a key issue. The human brain grows very rapidly during the first years of life, reaching ninety percent of its growth by age four. Reviews of the literature on malnutrition and brain functioning by nutrition and medical researchers from the University of North Carolina and the America School Food Service Association, document that the human brain is susceptible to dietary deficiencies throughout childhood, even after adequate structure of the brain is assured.

Older adults are also vulnerable to hunger because of their declining health status and often limited access to social services, health services and food stores. For those older adults who are in poverty, the risk of hunger is most acute.

2. Blacks, Hispanics, Native Americans, and migrants

Minority groups in the U.S. are more vulnerable to hunger than Whites primarily because they, as population groups, have higher poverty rates. There is a great deal of data on the poverty and health status of Blacks in the U.S. Similar information on Hispanics, Native Americans, and Migrants is limited.

Blacks: The vulnerability of poor Black mothers, infants and children to hunger is reflected in the following comparisions between national statistics on Blacks and whites. Black children in 1983 were twice as likely to be poor as White children, with nearly 1 out of 2 Black children living in poverty. Approximately 1 out of every 8 Black infants is born at LBW compared to approximately 1 out of every 18 White infants. Further, Black infant mortality rates are nearly twice the White rate.

Hispanics: The rate of poverty among persons of Spanish origin decreased between 1982 and 1983 after four years of steady increases. However, the actual poverty rate remains high. The ratio of poverty rates among persons of Spanish origin to poverty rates among Whites in 1983 was approximately two and one third. As with Blacks, the children were particularly vulnerable because more than one out of three children of Spanish origin lived in poverty.

Native Americans: While no national poverty data is collected specifically on Native Americans, the Bureau of Indian Affairs 1981 Labor Force Estimates revealed that 75% of Native Americans over age 16 earned $7,000 or less annually. Further, the IMR for Native Americans between 1978–1980 was 14.1 per 1,000 live births compared to 11.4 per 1,000 among White infants, or nearly 25 percent higher than the White rate. The CDC nutrition surveillance data on growth stunting, summarized above, revealed that Native American chindren have a high prevalence of growth stunting—the major health indicator of chronic undernutrition among children. Nearly one in six of all Native American children surveyed were growth stunted at age four.

Migrants: In 1979, the U.S. Department of Labor reported that hourly wages of farmworkers were below the minimum wage level in at least 18 States. The low wages of farmworkers combined with seasonal periods of unemployment result in annual incomes far below the poverty level. In ten major agricultural States surveyed in 1978–79, the average annual income of a farmworker family was $3,025.

The limited and somewhat dated national data available on migrant health status suggests that they are very vulnerable to hunger with their health and nutrition status much worse than the national average. According to a 1974 Senate Report on migrant health the average migrant laborer's life expectancy was only 49 years, compared to the 72-year life span of the average American. Testimony before the House Committee on Education and Labor in 1982 revealed that the infant mortality rate for babies born to migrant farmworkers was two and one-half times the national average.

3. Homeless persons

The President's Task Force on Food Assistance noted that, "an increased number of families are reported to be homeless," citing estimates from 500,000 to over 2 million homeless persons. According to testimony by the Reverend Eugene Marino, Auxiliary Bishop of Washington, D.C., presented before the House Committee on Banking, Finance and Urban Affairs, Catholic Charities' emergency shelters for families and children have nearly tripled. At the Select Committee hearing in San Francisco several witnesses also reported that the number of all homeless persons had increased in that city. While the causes and consequences of homelessness are very complex, the need for increased food assistance to these persons is widely recognized. The President's Task Force noted the importance of food assistance to homeless people.

II. Domestic anti-hunger programs

A. Benefits under Food Assistance Programs: Unfinished business from the 98th Congress

1. The Food Stamp Program

The Food Stamp Program is designed to increase the food purchasing power of low-income households to assist them in maintaining a sound, nutritional diet. Monthly benefits are based on the Thrifty Food Plan (TFP), USDA's least expensive diet. Under the authority of the Food Stamp Act of 1977, as amended, the Federal government establishes nationally uniform rules that govern the Program, with certain minimal variations for Alaska, Hawaii, and the Territories. When households meet federal eligibility standards they are entitled to the established benefit levels, as long as Program authorizations and appropriations support these levels.

During 1984, the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition investigated the hunger problem in this country. The Subcommittee found that some effort was necessary to strengthen food assistance programs that serve the needy. Its recommendations, embodied in the Hunger Relief Act of 1984, H.R. 5151, primarily address the Food Stamp Program which is the nation's most basic and comprehensive line of defense against hunger. The work conducted by the Select Committee also indicates the need for strengthening the Food Stamp Program. H.R. 5151 passed the House but was not taken up by the Senate.

The Hunger Relief Act addressed the adequacy of Food Stamp benefits. Until 1982, benefits were based upon 100 percent of the costs of the TFP; in 1982, benefits were reduced to 99 percent of the costs of this Plan. In addition, due to the existing method of adjusting benefit levels for inflation, these levels have lagged behind general food price increases. For example, in March, 1984, food stamp beneficiaries were receiving only 94 percent of the costs of the TFP. The Hunger Relief Act, as passed by the House, would increase food stamp benefits from the current 99 percent of the TFP to 100 percent in fiscal year 1985 and to 101 percent in fiscal year 1986. In addition, the legislation calls for an evaluation of whether the current TFP should be the basis upon which to calculate food stamp benefits.

Program accessibility also poses problems for many participants. For example, resource eligibility standards—$3,000 for elderly households and $1,500 for all other households—for the Program have not been changed since 1971. The President's Task Force on Food Assistance has reported that: "The recessions of the recent past have resulted in an increase in the number of "new" poor families, many of whom are needy even though they have assets that disqualify them from eligibility. The asset limitation has become more restrictive as a result of inflation; for the dollar amount of assets allowed has not changed even though the purchasing power of the dollar has declined." H.R. 5151 would increase the liquid asset limitations to $3,500 for the elderly and to $2,250 for other households. The bill also specifically affirms that individuals without fixed addresses who are otherwise eligible can receive food stamps.

Changes are necessary in the Food Stamp Program in order to assist the working poor, thereby maintaining work incentives. Since 1982, working households have been allowed an 18 percent deduction from their income for work-related expenses. This restrictive deduction has imposed a particular burden on the working poor who now pay higher taxes than they did in the past few years and, thus, have less available income to supplement their food stamp benefits. The Hunger Relief Act would increase this deduction to 20 percent. Further, participating households are allowed a combined excess shelter/dependent care deduction. This deduction is $134 per month. The House-passed version of H.R. 5151 would increase the deduction to $155. According to the language in the report accompanying this bill, this increase would raise benefits by approximately $8 per month "for households with the highest shelter and utility costs, and some who have dependent care costs." This particular provision was created to address the "heat or eat" decision that confronts many low-income persons. The House Agriculture Committee report on H.R. 5151 states that surveys conducted by the Department of Energy conclude that "energy costs consume about twice as large a share of the income of the food stamp eligible population as they do of median income households; and home energy costs have recently increased about twice as fast for low-income households as they have for other households." These expenses, often diminish the resources available to participants for the purchase of food to augment their benefits.

Program administration also needs to be improved. H.R. 5151 would permit States to determine whether they will use prospective or retrospective accounting when de-

termining participant eligibility. The bill also contains provisions regarding job search program requirements. In addition, since eligibility requirements for AFDC and Supplemental Security Income (SSI) recipients are similar to or more stringent than food stamp eligibility requirements, the bill would provide categorical eligibility for AFDC and SSI recipients in order to remove unnecessary food stamp eligibility procedures and streamline administration.

2. Child Nutrition Programs

On March 22, the Committee on Education and Labor reported out H.R. 7, the School Lunch and Child Nutrition Amendments of 1984. The bill would extend five child nutrition programs which were due to expire on September 30, 1984. The bill sought to continue and expand the national commitment to providing sound nutrition for all children. Cited among the major purposes of the bill were efforts to combat hunger, mitigate some of the effects of funding reductions made in the school lunch and other child nutrition programs in recent years, and meet new and emerging needs of program participants.

On May 1, H.R. 7 passed the House by an overwhelming vote of 356–72. The bill received unanimous support from the members of the Select Committee. The Senate did not act on the bill.

This legislation addressed key issues in the WIC Program. At the present time, the Program serves approximately 3.1 million of the 10.6 million who are income-eligible to receive benefits. There is a need to increase authorization and appropriation levels for the Program to facilitate services to a greater number of eligible persons. The School Lunch and Child Nutrition Amendments of 1984 would increase WIC authorization levels over the next four years to allow for the addition of approximately 150,000 new participants each year.

In addition to the lack of funds to provide Program coverage for higher numbers of the eligible population, WIC has been plagued by burdensome administrative policies. For example, at the current time, States do not receive allocations in uniform increments. As a result, often at the end of the year the States receive allocations that are either too large or inadequate to serve their caseloads. This legislation would require that State WIC funds be apportioned evenly throughout the year. The bill would require the Secretary of Agriculture to allocate funds in a manner to assure that no less than 70 percent of the funds appropriated for a full fiscal year would be obligated by the beginning of the fourth quarter of the fiscal year. This provision allows States to avoid inefficient use of their allocations. Many States have to deny benefits to eligible individuals during the early part of the year and then bring large number of persons into the Program at the end of the year if funds finally become available.

Due to unpredictable factors, many States reduce caseloads at the end of the year to avoid over-spending. In many cases, this results in States unnecessarily removing participants from the Program in anticipation of having no funds to provide them with services. This bill permits State agencies to spend up to 102.5 percent of their annual allocations to preclude the arbitrary elimination of participants toward the end of the first year. Any funds spent in excess of the allocation would be subtracted from the State's funding for the following year.

During recent years, the child nutrition programs have been reduced. This bill makes substantial improvements in these programs. Certain provisions of the bill allow for improvements in the nutritional quality of the school breakfast program. In addition, language in the bill reduces the cost of reduced-price meals for low-income children. Further, H.R. 7 allows for the provision of additional meal services under the Child Care Feeding Program. Moreover, the bill extends the Nutrition Education and Training Program for four years to provide technical assistance and support for the purchase of food service equipment to school districts in which 60 percent or more of the children receive free or reduced-price meals.

B. Addressing sales tax issues

1. State sales tax on food stamp purchases

Food stamp beneficiaries are losing benefits in the States where a sales tax is charged on food. As previously discussed, when households meet the Federal eligibility standards, they are entitled to established benefit levels, as long as authorizations and appropriations support those benefit levels. However, in the seventeen States where a sales tax is charged on food, some food stamp benefits are diverted from paying food to paying the sales tax. As a result, the State treasury benefits at the expense of the food stamp recipient. This situation was brought up during the

Select Committee's hearing in Mississippi, one of the States that charges a sales tax on food.

Table (5) lists the States that charge a sales tax on food, their sales tax rates, and food stamp benefit amounts lost by beneficiaries and diverted to State treasuries. Using fiscal year 1983 benefit levels and current sales tax rates, approximately $115 million are diverted from recipients to these State treasuries. This is an inequitable situation because some people receive less benefits than those in other States simply because they live in a State that charges a food sales tax.

Legislation was introduced in the 98th Congress addressing the food stamp sales tax issue. Provisions of S. 3017, introduced by Senator Dole on September 24, 1984, would also require States imposing a sales tax on food bought with food stamps to rebate the revenues to the Federal treasury.

TABLE 5.—APPROXIMATE BENEFITS LOST TO RECIPIENTS BY STATE SALES TAXES LEVIED ON FOOD STAMP PURCHASES [1]

[Dollar amounts in millions]

State	1983 benefits [2]	Sales tax rates [3]	Benefits lost
Alabama	$333,599	4.00	$13.34
Arkansas	150,781	4.00	6.03
Georgia	317,761	3.00	9.53
Hawaii	81,093	4.00	3.24
Idaho	39,672	4.00	1.59
Kansas	70,978	3.00	2.13
Mississippi	270,969	6.00	16.25
Missouri	222,019	4.125	9.16
New Mexico	95,677	3.75	3.59
North Carolina	265,818	3.00	7.97
Oklahoma	109,180	3.00	3.28
South Carolina	222,150	5.00	11.11
South Dakota	26,553	4.00	1.06
Tennessee	323,600	5.50	17.80
Utah	43,409	4.625	2.01
Virginia	221,231	3.00	6.64
Wyoming	11,885	3.00	.36
Total			115.09

[1] Based fon 1983 benefits and current sales tax rates.

[2] Source: Food and Nutrition Service, USDA. "Summary of Benefit Costs, Participation, and State Administrative Costs, Fiscal Year 1983."

[3] Source: Federation of Tax Administrators, Washington, DC. Latest available information.

2. State sales tax on WIC purchases

The WIC Program, as discussed elsewhere in this paper was established to provide health and nutrition services to vulnerable women, infants, and young children at crucial developmental periods. However, at the present time, fewer than 3 million of the estimated 10 million potentially eligible for WIC participation are receiving benefits. Thus, there is a need to assure that State food grants under the Program are stretched as far as possible to reach the greatest number of individuals meeting the eligibility criteria.

Participants in the WIC Program can receive their food packages in three ways. They are obtained through redemption of vouchers in grocery stores, direct home delivery, or pick-up at WIC warehouses. According to the Food and Nutrition Services of USDA, in fiscal year 1984 approximately 93% of all WIC food packages were made available through the redemption of vouchers; 4% of the packages were home delivered; and 3% were obtained from distribution centers.

As noted above, seventeen States currently charge a sales tax on food purchases. With the exception of Mississippi (which operates under the warehouse pick-up system), all of those States use the voucher system either totally or to some extent. In these States, it appears that potentially eligible persons cannot participate in the WIC Program because some benefits are lost to the State sales tax. Table (6) shows preliminary calculations prepared by the Congressional Budget Office on benefits lost in each State. Based on the average cost of WIC per participant, approximately 18,780 persons could be served with funds lost to taxes.

TABLE 6.—ESTIMATED SALES TAXES IMPOSED ON WIC VOUCHER PURCHASES FISCAL YEAR 1984

State [1]	Tax rate (percent) [2]	Food grant [3]	Voucher fraction (percent)	Taxed expenditures	Total taxes
Alabama	4.000	$22,923,810	100.0	$22,923,810	881,685
Arkansas	4.000	12,686,368	100.0	12,686,368	487,937
Georgia	3.000	40,098,386	56.0	22,455,096	654,032
Hawaii	4.000	3,041,375	100.0	3,041,375	116,976
Idaho	4.500	5,177,704	100.0	5,177,704	222,963
Kansas	3.000	7,993,400	100.0	7,793,400	232,817
Mississippi	6.000	23,567,028	0.0	0	0
Missouri	4.125	22,766,689	100.0	22,766,689	901,922
New Mexico	3.750	7,082,735	100.0	7,082,735	256,002
North Carolina	3.000	35,452,174	100.0	35,452,174	1,032,588
Oklahoma	2.000	14,037,279	98.6	13,840,757	271,387
South Carolina	4.000	26,640,594	100.0	26,640,594	1,024,638
South Dakota	4.000	3,380,069	100.0	3,380,069	130,003
Tennessee	4.500	24,320,784	100.0	24,320,784	1,047,306
Utah	4.625	8,535,804	100.0	8,535,804	377,329
Virginia	3.000	21,676,661	100.0	21,676,661	631,359
Wyoming	3.000	2,409,886	100.0	2,409,886	70,191
Total					8,339,137

[1] Only 17 States impose a sales tax on food.

[2] Sources: Federation of Tax Administrators, Washington, D.C. Latest available information.

[3] Food and Nutrition Service, USDA.

Note.—Based on the average annual WIC cost of $444 per participant, approximately 18,700 persons could be served with funds lost to taxes.

C. Scope of services to eligible persons

1. WIC services

The Supplemental Food Program for Women, Infants, and Children (WIC) was created with the goal of improving the health status of low-income pregnant women, infants, and young children. In addition to food supplementation, the Program provides participants with nutrition education and medical screening by health professionals. Current Federal law and regulations require that upper limit income criteria for participation be no higher than 185 percent of the poverty level. In addition to meeting the income eligibility criteria, applicants must be determined to be at nutritional risk by a health professional.

Only a portion of those who are income-eligible to participate are enrolled in the Program. WIC is now serving approximately 3.1 million of the estimated 10.6 million persons potentially eligible to receive benefits.

The available evidence demonstrates that participation in WIC by pregnant women has been significantly associated with an increase in mean birth weight and a decrease in the incidence of LBW and neonatal deaths. For example, a 1984 General Accounting Office (GAO) analysis of five major WIC studies noted that approximately 7.9 percent of the women who were participating in WIC gave birth to LBW infants. In comparison, approximately 9.5 percent of non-WIC participants gave birth to LBW infants—a 17 percent difference. Further, at the Greenwood, Mississippi hearing the Select Committee received testimony from Mr. John Barr, Director of the Mississippi WIC Program. Mr. Barr stated that although no major studies had been conducted on the effects of the WIC Program in Mississippi, the goals of the Program were certainly being met there. He noted that in 1975, one year after WIC was introduced in the State, the IMR for the State was 22.5 deaths per 1,000 births. He then pointed out that in 1982, the rate had been reduced to 15.4 deaths per 1,000 births and that the LBW and low gestational age statistics had been reduced as well. He attested to the positive impact of the Program, emphasizing that of the almost 46,000 live births in Mississippi in 1982, more than 40 percent of the mothers had been enrolled in WIC.

There is research which indicates that the Program is cost-effective. A cost-benefit analysis of WIC conducted by the Division of Health, Missouri Department of Social Services, found WIC participation to be associated with a significant reduction in

newborn medical costs covered by Medicaid. According to this study, for every dollar spent on WIC, about 83 cents in Medicaid costs within 30 days of birth were saved. The study also shows that an additional 59 cents in non-Medicaid paid medical expenses were saved. This brought the total savings to $1.42 in medical costs for every dollar spent on WIC. In 1983 hearings conducted by the House Select Committee on Children, Youth and Families, Dr. Eileen Kennedy—now working with the International Food Policy Research Institute—discussed her earlier participation in a Harvard University Medical School study which found that for every dollar spent on the WIC Program, there was a $3 savings in neonatal medical care costs.

Data also shows that the length of participation in WIC has a strong bearing on positive pregnancy outcome. However, a number of women are entering the Program late, thereby decreasing its positive impact. At the present time, information on the number of individuals entering WIC late in pregnancy is not compiled by USDA and is therefore limited. However, several State and local reports discuss the trend for late enrollment. For example, according to the 1981 Report of the Select Panel for the Promotion of Child Health, women often enter the program relatively late in pregnancy and their average length of participation is only about four months. In addition, a 1982 report published by the State of California, *Retrospective Study of the Special Supplemental Food Program for Women, Infants, and Children*, found that 38.1 percent of pregnant women did not enter the WIC Program until their third trimester.

Because WIC has been shown to have positive health impacts there is a need to promote early enrollment among needy people. At the present time, the Federal government requires that States provide public notification of eligibility requirements only once per year. However, the National Association of WIC Directors has expressed great concern and has widely discussed the need to supply more information and referral services targeted to the "neediest of the needy." The Association has stated that the administrative funds necessary to provide services of this type are not available. Ms. Lois Salisbury of Public Advocates, Inc. testified before the Select Committee that even in States which have access to prenatal care and WIC, there is widespread misunderstanding and ignorance about the need to take advantage of these services. At the Mississippi hearing, Ms. Janice Alexander of the Delta Health Center informed the Committee that in 1980 an outreach program had been established to advise area residents of the availability of WIC and nutrition education services offered by the Center. She stated: "Due to a lack of funding, this service was terminated in 1982. As a result of this termination, people in rural areas are unaware of the possible aid available to them . . ."

According to the latest Congressional Budget Office (CBO) estimates, it would cost $50 million for each 100,000 new participants in the Program. CBO also estimates that fiscal year 1985 appropriations of $1.5 billion are only adequate to maintain current caseload.

2. Integration of WIC and Maternal Child Health Program

The WIC Program is unique among Federal food assistance programs in that was designed to operate as an adjunct to good health care. Linkage of WIC to prenatal and child health care services is one of the most important features of the Program.

It has been noted in Committee hearings and local studies that when nutrition services are integrated with health care, more women, infants and children at nutritional risk are brought into the health care system. In Greenwood, Mississippi, Dr. Alfio Rausa, Director of Leflore County Health Department, told the Committee how the integration of WIC and MCH at his clinic brought in many low-income clients for health care services. Local studies corroborate Dr. Rausa's testimony. A statewide study conducted on WIC by the Department of Public Health in Massachusetts, where WIC is integrated with health care, shows that more pregnant WIC participants received prenatal care than pregnant low-income women not participating. A study conducted by Dr. Kotch, Researcher and Pediatrician at the University of North Carolina, reported similar increased utilization of health care by infants and children at nutritional risk when WIC was integrated into the health clinic services.

It was documented by witnesses at Select Committee hearings that comprehensive prenatal care (health care offered in conjunction with nutrition services) results in improved pregnancy outcome. At the San Francisco hearing Ms. Arisika Razak, Director of the Alameda County Project for the Prevention of Pre-Term Delivery, reported that the high LBW rates of Blacks and teenagers in her county were reduced when comprehensive health and nutrition care was provided. For Black low-income women the LBW rate was reduced to essentially equal that of White low-income

women in the project (6.2 and 6.1 percent, respectively). At the June 26 hearing Dr. George Lamb, Director of Family Health and Community Epidemiology of the Boston Department of Health and Hospitals, reported results of an evaluation of the California Obstetrical Access Program, which provides comprehensive health care to low-income women. He stated that women participating in the Program had 50% fewer LBW babies than comparable women not in the Program.

However, many nutritionally at-risk individuals do not have access to integrated WIC and prenatal care programs. In a 1981–1982 USDA study on this issue, it was reported that approximately one-fifth of WIC agencies do not integrate their nutrition services with basic maternal and child health care services. The Department found that 22 percent of the WIC agencies never provide or arrange for prenatal care for their WIC clients; 15 percent never provide or arrange for child health care; and 7 percent never provide or arrange for immunizations for the children on WIC.

Limited funding for MCH services poses a barrier to providing integrated health and nutrition services. Since fiscal year 1981, participation and funding for the WIC Program has increased. In 1982 MCH services were consolidated into a block grant. Although in fiscal year 1985 there was an increase in the block grant appropriation, funding has dropped to $87 million below the fiscal year 1981 appropriation level (in 1985 dollars). The National Center for Health Statistics (NCHS) reports that when funds were decreased for MCH services in fiscal year 1982, there was a decrease in the percentage of women receiving adequately early prenatal care. Over 11 percent of the women with less than twelve years of education (an indicator of low socioeconomic status collected by NCHS) received late or no prenatal care. This represents the first decrease in adequately early prenatal care received by women since 1978.

In addition, in 1982, USDA told its representatives on the National Advisory Council on Maternal, Infant and Fetal Nutrition, that inadequate funding prevented them from improving WIC and MCH integration: "Due to funding limitations in Fiscal Year 1982, USDA and the Department of Health and Human Services (DHHS) were unable to develop and fund models for a coordinated effort, as they had hoped." In 1983 the Council, addressing the subject of decreased Federal funds in the MCH Block Grant, recommended that USDA and DHHS "should review the concept of WIC as an adjunct to health care in conjunction with trends and long-term impact of reduced funding for maternal and child health services."

The importance of funding for MCH services to assure integration of WIC with health care was reported during Select Committee hearings. At the June 26, 1984 hearing, Dr. George Lamb reported results from a study of five Boston public health clinics revealing that concommitant with decreased funding for MCH services, low-income women and children received less health care. From 1980 to 1983 the number of low-income children coming into the clinics dropped by 14 percent. The number of visits by women dropped by 13 percent. At the hearing in Mississippi, Ms. Agnes Hinton, Mississippi State Director of Nutrition Services testified "that health programs funded through the Maternal and Child Health Block Grant and through Community Health Centers provide the critical health services without which WIC would be greatly diminished in its impact."

3. Food Stamp Information Services

At the present time, USDA does not compile numbers on individuals who are potentially eligible to participate in the Food Stamp Program. However, based on poverty statistics released by the Census Bureau, it has been estimated that approximately 39 percent of the households potentially eligible to participate in the Food Stamp Program—13.8 million individuals—did not receive benefits.

Studies have attempted to identify barriers which discourage participation. According to a study published in 1983 by the Institute for Social Research, *Non-participation in Welfare Programs by Eligible Households: The Case of the Food Stamp Program*, the lack of information about the Food Stamp Program serves as the greatest barrier to participation. Results of this study's survey showed that 40 percent of the respondents cited a lack of knowledge about their eligibility to participate. In addition, this study found that the elderly and individuals residing in rural areas are least likely to participate in the Program. At the Select Committee hearing in Mississippi, Mr. John Fraiser of the Mississippi Department of Public Welfare testified that 32.9 percent of the State's population is income-eligible to participate in the Food Stamp Program; however, only 19.11 percent of the population receives benefits.

The President's Task Force on Food Assistance, noted that the rate of participation tends to be lower among the elderly and people in rural areas. In addition, the

Task Force stated that along with other barriers, "there are those who simply may not be aware of their eligibility or do not understand the system."

From 1971 to 1981, Congress mandated and funded Food Stamp Program information services. Since that time, there has been no requirement for States to maintain information programs designed to inform the public about the availability, eligibility requirements, rules, and benefits of the Program.

One possible avenue for expanding current food stamp information services is the Expanded Food and Nutrition Education Program (EFNEP). EFNEP is currently operating in approximately 960 sites in cities, counties, and Indian reservations. The objectives of EFNEP are to assist low-income families and youth in acquiring knowledge which can contribute to the improvement of their total family diet and nutritional welfare. Education services provided under the Program include: management of food-related resources; use of benefits available through other community nutrition programs; improved food storage, safety and sanitation practices; and the selection and purchase of nutritious foods. Methods for program delivery may include referral of participants to other Extension programs and other community and food assistance programs for which they are eligible (e.g., the WIC and Food Stamp Programs).

4. Local participation in the Temporary Emergency Food Assistance Program

TEFAP requires that Federally-owned surplus commodities be allocated to States based on a formula using poverty and unemployment rates. Within each State the agency responsible for administering the Program selects public or nonprofit emergency feeding organizations to receive the commodities and distribute them to eligible persons. Since enactment of the Jobs Bill, P.L. 98-8, the Federal government has provided $50 million annually to assist States and local agencies in paying for the administrative costs of TEFAP. Program authorization expires on September 30, 1985.

There have been continued reports of the need to improve the distribution of TEFAP commodities to reach those most in need of assistance. Early in 1984, the President's Task Force on Food Assistance recommended that "efforts should be made to make distribution more efficient." Later in 1984, the Select Committee heard reports from USDA and witnesses at its San Francisco and Washington, D.C. hearings that State and local agencies are having difficulty participating in TEFAP due to a lack of storage, transportation, and distribution capacity.

Even with Federal funding to help defray the administrative cost of TEFAP, many distributing agencies are finding it difficult to operate the Program. According to USDA, States have not accepted all the commodities allocated to them. It appears that this was in large part due to the lack of adequate storage capacity and volunteers to distribute the TEFAP commodities. At the July 23, 1984 hearing in San Francisco, a representative from the Mayor's Task Force on Food and Hunger reported that "emergency food providers are forced to turn people away because they either do not have enough food to distribute, or they have inadequate facilities to store" the food. Dr. Michael Lipsky, author of an eight-State survey of TEFAP distributors, testified before the Select Committee on September 20, 1984, that many local agencies across the nation lack the capacity to distribute the TEFAP commodities. Specifically, he reported that the agencies have high costs for transporting the commodities and storing the perishable commodities in freezers. Many are unable to meet these expenses.

There appears to be a need to stretch the federal assistance to local emergency food distributors, particularly in rural areas, to assure more equitable distribution to those in need. Currently, there is no Federal technical assistance program directed at local emergency food distributors. Such a program could encourage increased participation by State and local agencies who have trouble meeting the administrative costs resulting from TEFAP.

5. Tax incentives

Private sector efforts to provide food assistance to the hungry have increased as the need has grown. Private charitable organizations are working with private enterprise to channel food which otherwise might be wasted to the hungry. Private charitable efforts range from the traditional soup kitchens, which provide meals; to the newer food banks, which collect, store, and distribute food. In addition to food, in many instances private enterprise provides these different programs with services and technical advice. For example, a cereal manufacturer may donate its product and the use of a truck to a food bank or a farmer might allow people to glean his or her fields of crops which are nutritious but too costly to harvest.

Millions of pounds of food have been provided to people through private food assistance programs made possible by the combined resources of private enterprise and charitable organizations. The extent of private efforts is unknown because much is done at the local level and goes unreported. However, studies are available which describe some of these endeavors. For example, in 1983 Second Harvest, a nationwide network of 74 food banks, reported that its member food banks distributed more than 115 million pounds of food benefitting over 12,000 charitable organizations. Almost 150 major food companies and retailers donated food to the Second Harvest network during that time. Further, the Food Marketing Institute, in an October 1983 survey, found that 81% of its 17,000 member stores donated food to community or civic groups. During hearings the Select Committee learned about some of these programs. In San Francisco, Mr. Louie Gonzalez, Urban and Public Affairs Manager of the San Francisco Division of Safeway Stores, informed the Committee about various corporate efforts. He noted that last year Safeway contributed about $2 million worth of food to food banks, along with technical assistance and services, as well as food to direct feeding programs. He also provided information on other corporate efforts in the Bay area. The role of the private charitable organizations, which depend upon corporate and other philanthropy, was also delineated in the San Francisco hearing. The minister of the Glide Memorial Church, Reverend Cecil Williams, explained that the Church's feeding program has operated for 15 years and serves about 3,000 people daily. According to Father Lotito, Director of St. Anthony's Dining Room, his organization serves about 2,200 people daily and gets no support from the government or the Church; instead it depends upon donations of food, funds, and personal services from corporations and individuals. In Washington, D.C. the Committee learned about the Self-Help Resource Exchange (SHARE) which supplies a food package worth between $35 and $40 to approximately 60,000 people each month in exchange for $12 and two hours of community service. Reverend Shelton, Director of SHARE, noted that this program does not receive federal funds or commodities; instead it gets its food donations and services from the private sector.

In order to increase these and other kinds of private enterprise participation in efforts to alleviate hunger, greater tax incentives may be warranted. The Tax Reform Act of 1976 allows corporations to take enhanced deductions for inventory donated to the ill, needy, or infants in order to encourage donations to organizations that serve these groups. Corporations can deduct their costs of production, plus one-half of their unrealized appreciation of the donated goods, as long as the deduction does not exceed twice the cost basis. According to the President's Task Force on Food Assistance, the growth of the food bank network is due, in part, to this provision. However, under current law, unincorporated individuals, including unincorporated farmers, who contribute to charity may only deduct the fair market value of the donated property that would have been realized if the property had been sold on the date of the donation. In addition, if a company engaged in transportation services donates its services to a charitable organization, it can deduct out-of-pocket costs, but not the value of the services it donates.

The President's Task Force on Food Assistance, in addressing this issue, recommended that the government continue to provide a climate which supports private organizations, specifically recommending legislation which would give noncorporate taxpayers, actively engaged in the production or marketing of food, the same enhanced tax deductions which are afforded corporate taxpayers. The Task Force believes that this would encourage, in an equitable fashion, the gleaning and distribution of crops that might otherwise go to waste.

A number of bills have been introduced in both the present and past Congresses which propose greater tax incentives for charitable giving. Senator Danforth introduced S. 1826, "The Hunger Relief Incentives Tax Act of 1983" on August 4, 1983. Major provisions of this bill would allow individuals, cooperatives, and other noncorporate taxpayers to take advantage of the enhanced deductions now available only to corporations. It also would allow deductions for donations of the services of transporting food to be calculated in a similar way to that of property donations. In 1981, Senator Hatfield and Representative AuCoin introduced S. 1352 and H.R. 3870, respectively, which would provide a 10% tax credit against income taxes for farmers who contribute unused crops to charitable organizations, thereby encouraging farmers to allow gleaning of their fields.

D. Red Tape in Anti-Hunger Programs

1. Frequent Revisions of Food Stamp Regulations

Since its enactment, the Food Stamps Program has been the object of numerous statutory and regulatory changes. The President's Task Force on Food Assistance noted that since the Food Stamp Program was established in 1964, it has been altered and restructured by legislation on nine occasions—in 1969, 1970, 1973, 1977, 1979, 1980, twice in 1981, and 1982. Further in April, 1983 hearings conducted by the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition, it was stated that in the 97th Congress alone, over 100 legislative changes passed which resulted in literally hundreds of regulatory and policy changes to the Program. In addition, the Select Committee found that between May 2, 1978 and December 8, 1983, more than 200 regulatory changes in the Food Stamp Program were published in the "Federal Register."

At the June 25, 1984 hearing in Greenwood, Mississippi, the Select Committee received testimony on the frequency of regulatory and legislative changes from State and local Program administrators. The Deputy Commissioner of Client/Field Services of the Mississippi Department of Public Welfare stated that the Food Stamp Program had been the target of numerous statutory and regulatory changes. He noted that during one 30-month period, 90 changes in the Program regulations had been made—averaging one change every 10 days. He went on to discuss the cost involved in adapting to the changes. Further, he testified that the State of Mississippi suffered error rate increases each time regulatory changes in the Program were implemented. The Food Assistance Supervisor of the Leflore Food Stamp Office presented testimony recommending that the Federal government stabilize the Program so that it could be operated in a more effective manner. This witness suggested that all regulatory changes made during a 12-month period should be implemented once a year or once every 18 months—not two or three times each month.

At the July 23, 1984 hearing in San Francisco, the Select Committee received more testimony on this issue. The Executive Assistant to the General Manager of the San Francisco Department of Social Services testified that the Food Stamp Program has experienced a great deal of uncertainly and flux over the past year as a result of frequent regulatory changes. She noted that a number of both caseworkers and clients found many of these regulations both difficult to work with and illogical.

According to the American Public Welfare Association, State Program administrators have repeatedly advised Congress of the management problems which occur as a result of frequent changes in regulations. In addition, because of the inadequate time allotted for the implementation of these regulations, State administrators have cited difficulty in conducting policy review and evaluation of regulations, revising and distributing manuals to local offices, training managers and caseworkers, and revising their computer systems.

2. Food stamp applications

Data on why people do not participate in the Food Stamp Program is limited. A study published in 1983 by the Institute for Social Research, cites the complexity of the food stamp application procress as a major barrier for potential applicants. Research carried out for this study shows that 20 percent of the participants in a survey on Program non-participation responded that they did not receive food stamp benefits because they found the process to be overly burdensome.

The Select Committee has received testimony attesting to the complexity of the existing application procedure. At the hearing in Greenwood, Mississippi, Mr. John Fraiser of the Mississippi Department of Public Welfare discussed non-participation in the Food Stamp Program in his State. He reported that many persons consider the eligibility determination process too complicated. At the same hearing, Ms. Chris Murphree, Food Assistance Supervisor at the Leflore County Food Stamp Office, showed the Committee a sample 30-page application. She noted that there is repetition in the application form and suggested that the form be cut. At the San Francisco hearing, Ms. Jan Hartsough, Chairperson of the Mayor's Task Force on Food and Hunger, addressed the red tape involved in the Food Stamp application procedure and suggested the need to simplify paperwork requirements.

At the present time there exists a five-page model food stamp application approved by both USDA and the Office of Management and Budget. In analyzing this application and the procedure for establishing Program eligibility, the President's Task Force on Food Assistance remarked that:

> The determination of net income incorporates a formula with five deductions, most of which require that several questions be answered. The determination of eligibility requires ten mathematical computations by food stamp officials.

An applicant's inability to understand the food stamp application frequently compounds the frustration aroused by the entire certification procedure. The Food Assistance Supervisor at the Leflore County Food Stamp Office suggested that the language on the application be simplified to facilitate easier understanding. In addressing this same issue, in 1978 the Urban Institute published an article entitled "The Literacy of Welfare Clients." This article reported that approximately 75 percent of the U.S. poverty population could offer reading skills at no higher than an eight-grade level. It further stated that the procedures and documents of many public welfare agencies require far higher levels of skills.

E. Nutrition education and surveillance

1. Nutrition education services in underserved areas

Physicians, nutritionists, and social workers who testified at Select Committee hearings expressed the need for increased nutrition education in low-income areas. For example, Dr. James Robbins, Chief of Staff, Greenwood-Leflore Hospital, told the Committee in Mississippi that there is "a lack of basic nutritional knowledge in the population, especially in the economically deprived segment of the population."

The USDA National Food Consumption Survey indicates that low-income shoppers do as well or better than higher income shoppers in obtaining nutrients for their food shopping dollar. However, the Select Committee is concerned that nutrition education be available to low-income persons because of their need to stretch their limited food dollars.

Two Federal programs that include nutrition education targeted to low-income persons are the WIC program, and USDA's Expanded Food and Nutrition Education Program (EFNEP), described in sections above. The latter program, funded by USDA's Extension Service and administered by State Cooperative Agencies, currently serves only approximately one-third of all counties nationwide. Nutrition professionals train and supervise EFNEP paraprofessionals to teach basic food nutrition and shopping principles to low-income homemakers and youth. Its positive impact on participants was documented in 1979 by Synectics Corporation for USDA.

Testimony at the Select Committee hearing in Mississippi and additional research by the Committee revealed that in poor rural communities there are many vacant positions for nutritionists, leaving these communities without trained personnel to provide the low-income population with nutrition care, direct nutrition education through the WIC Program, and the training of nutrition paraprofessionals for EFNEP. The Mississippi State Director of Nutrition Services, Ms. Agnes Hinton, reported that the poor rural areas of Mississippi have a serious shortage of public health nutritionists. She stated that although these positions are funded, they are chronically vacant. Ms. Karen Bertram, a community nutritionist-dietician, testified at the San Francisco hearing that qualified nutritionists are needed to provide direct services and train other staff to be nutrition education extenders.

From 1978 through 1981 the National Health Service Corps (NHSC) was funded to train an average of 25 public health nutritionists annually and assign them to serve in poor, medically underserved areas—such as many of those without nutritionists today. As originally enacted, the NHSC provided scholarships and stipends to students. In return, these students were obligated to provide health care services in assigned areas of need. The authorization language for NHSC allows these health professionals to be assigned to vacant public health positions funded by other State or Federal public health programs. However, total funding for the NHSC has been severely reduced in the last four years. Last year, only medical, osteopathic, and dental students were trained. Currently, only "disadvantaged" (as defined by the Public Health Service) students are accepted.

It should be noted that there are two other Federal programs, the Maternal Child Health and Public Health training grants, which provide training grants for public health nutritionists. These programs do not, however, obligate recipients to serve in areas of need in return for the training they receive. To help fill the nutrition education and service needs in poor rural counties, Ms. Agnes Hinton, at the Committee's Mississippi hearing, recommended reinstatement of funds for the training of public health nutritionists by NHSC.

2. The data base on hunger

With the exception of DHHS annual data on LBW and infant mortality rates, Federal nutrition and hunger-related data is currently not well coordinated, and not collected on a timely basis. There is only limited information on the nutritional status of low-income persons by geographic areas or highest risk groups. Legislation designed to establish a Coordinated national nutrition monitoring and research program, H.R. 4684 was introduced in the 98th Congress, but failed to gain passage.

Physicians and nutritionists at Select Committee Hearings in San Francisco and Mississippi, and reports from the House Committees on Agriculture and Science and Technology and the President's Task Force on Food Assistance have stated that there is a need for improved nutrition surveillance of low-income Americans. The President's Task Force, for example, noted the need for improved efforts to integrate nutritional information from the USDA and DHHS surveys. It also suggested targeting surveys to demographic groups at high risk of hunger and expanding the CDC Nutrition Surveillance System to all 50 States. A review of the non-Federal nutrition monitoring efforts presented at Select Committee hearings reveals that there are many private, local and State conducted surveys which provide timely data on the health and economic indicators of hunger. However, due to funding limitations they are sporadic. Many areas cannot conduct surveys due to lack of technical expertise.

There are three one-time Federal nutrition surveys of low-income individuals and households that have been conducted in the past ten years: 1) USDA Nationwide Food Consumption Survey (NFCS) of Low-Income Households, 1979–1980; 2) DHHS Second National Health and Nutrition Examination Survey (NHANES II, 1976–1980); and 3) DHHS Hispanic Health and Nutrition Examination Survey (still in progress). The purpose of the USDA survey was to collect national data on household food use, food costs, and dietary intakes of low-income households. In the HANES surveys a broad range of health and nutrition data is collected. However, all of the data from the HANES has not yet been analyzed. In addition, none of the Surveys offer information on specific low-income demographic groups.

The Centers for Disease Control (CDC) collect nutritional status data on low-income children and pregnant women attending health programs in 33 States. This survey, known as CDC's Nutrition Surveillance System, collects data on several health indicators of hunger including growth stunting, low weight for age, and anemia. However, this data may underestimate the extent of the health indicators of hunger as it surveys only a limited group of low-income women and children who come into public health clinics.

In September 1981, USDA and DHHS submitted to Congress the "Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System." The major intended outcome of the plan is to conduct the first coordinated NFCS-NHANES in fiscal year 1987. Mechanisms for incorporating other activities such as CDC's Nutrition Surveillance System or other CDC special surveys are not included in the USDA-DHHS Plan. Due to funding limitations at DHHS, plans have not been sufficiently developed to integrate NHANES and NFCS.